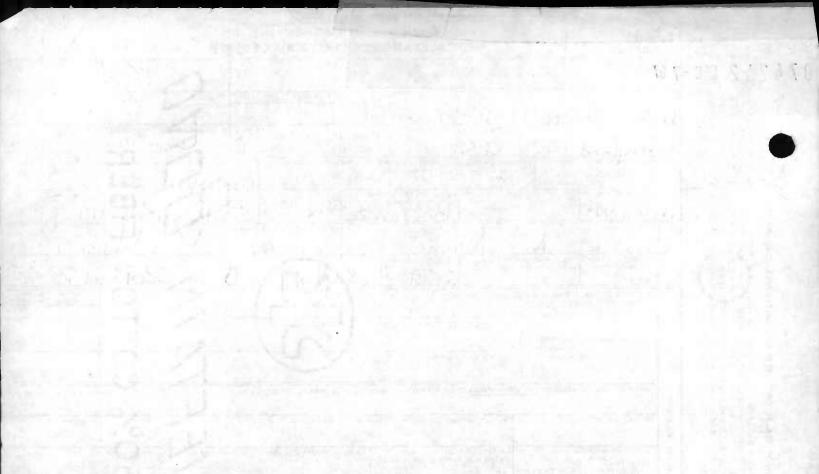
-titndess

24 FUNERAL DIRECTOR

**DHMH** - 17

(VR A) 5 ME (5))



timore

Md

Cemetery

REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Funeral

Home

DYSTON BEIST

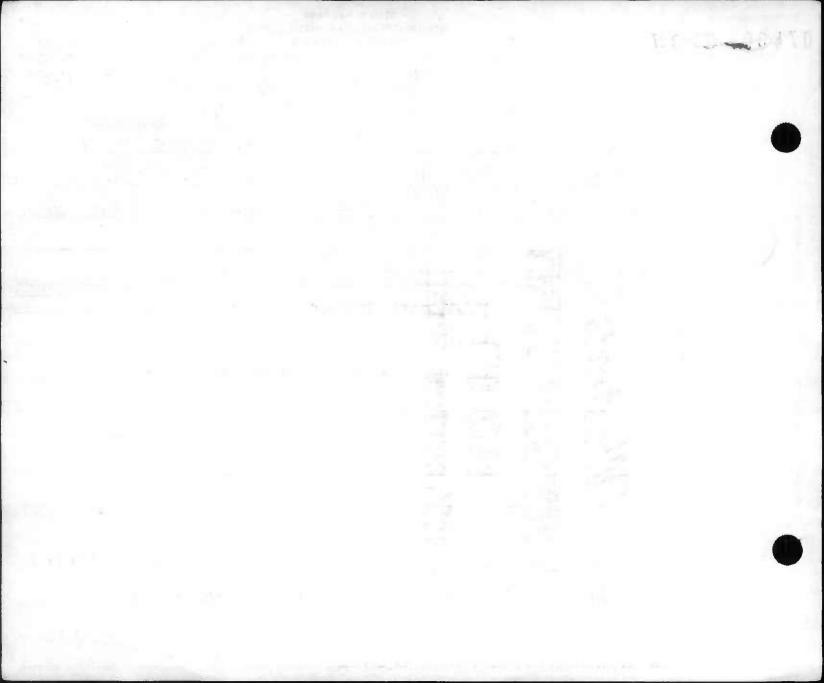
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

R	7	. 3	A	-	14	5
	REG. NO.	-		04	100 and	4

3, 8	FOR STATE REGISTRAR			IEALTH AND MENTAL HY	GIENE 8 7	3 4	3 2 5			
(TYPE	CEASED NAME FIRST	L Y	Adelun	NG Jr.		12-1-8	26. HOUR 37 7:35PA			
3. SE	M	4. RACE	S. DATE O	- 18 - 19 19	6 AGE (IN YEARS LAST BIR	YRS.	DAYS HOURS MIN.			
Ba	RTHPLACE (STATE OR FOREIGN COUNTRY)	II.S.A.	/HAT COUNTRY?   8 MARRIE WIDOWI	DIVORCED	BALTIMORE CITY O	RE OF	TY MI			
B	ALTIMORE	ST. AC	7110-110-1	TAL	120 USUAL OCCUPATI LTYPE OF WORK FOR MOST O RET RD FOR	F WORKING LIFE) INDU	KIND OF BUSINESS OR USTRY Ryland STATE (			
13a S	277.11	TIMORE	BALTIMORE	134 INSIDE CITY LIMITS?	3012 HURO	ZIP CODE N STREE	T 2123			
	Sidney J.	Adlung			ay Brewer		LAST			
	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	218099425	Naomi R. ADe	1	uron St	21230 APPROXIMATE INTERVAL TWEEN ONSET AND DEATH			
CERTIFICATION	couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT (	(c) <u>C</u> CONDITIONS <u>CO</u>	AS A CONSEQUENCE OF ITENTOSIS 4  NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CON	DITION GIVEN IN PA				
_	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.A	A. MONTH DAY YEAR	21c HOW INJURY OCCUP	YES NO RRED (ENTER NATURE OF INJU	YES Z	NO [			
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE C		211 LOCATION STREET	CITY OR TO	wn coul	NTY STATE			
	22a. I certify that (h) (this haspital) attended the deceased from									
23a	JAMES BURIAL CREMATION, REMOVAL	E 4A	YLOR 1231 NAME OF 1	ST AG-A	IES HOS	PITAL				
	Burial	12-4-87		1 Cemetery	CITY OR TOWN	re, Maryla				
24 F	UNERAL DIRECTOR		ADDRESS		TE REC'D. BY REGISTRAR	250 PEGISTONEA	By Condition			

DHMH - 16 60M 7/84 (VRA 15, 4)

John C. Miller, Inc.-6415 Belair



	1	FOR			EDART			MARYLAND	LUVCIEN	10				
760	1-1-	STATE						ERTIFICATI			~	A	77 13	4
D L	I DE	CEASED NAMI	E FIRST	WED	MIDDLE	EXAMIN	IEK 5	EKTIFICATI	E OF DE		REG NO.	MONTH	3 6	O DE HOU
		PE OR PRINT)				a da		- 31		OF	NOWN X		DAY YEAR	R 2b HOUF
EET.	3. SE	v .	Theo	dore 5. DATE OF BIRTH	oror	To AGE (IN YE		Albano	IDER 24 HRS.	DEATH	MATED [	12	6 19 8	
E IS	Ma		Asian	04/30/65	YEAR	LAST BIRTHD	AY) MONT			PRONOUNG	CED	1.0		3.4
07			TATE OR	7b. CITIZEN OF WH	T COUR		RS.			DEAD	ORE CITY OF	12	6 19 8	
1	Ph	oreign country)		U.S.A.	AT COUR	VIKIT		ED NEVER MA			_	-	OFDEATH	
5	A	ITY OR TOWN		11. NAME OF HOSP	ITAL NII	IRSING HOM	WIDOW		ORCED L	UAL OCCUP	more (		2h KIND OF	BUSINESS
ŝ				(IF NOT IN SUCH FACE	LITY, GIVE S	TREET ADDRESS)			FOR	MOST OF WORK	ING LIFE)	tiet	Self E	
		altimor	(IF IN NURSING HOM	Univer:	RESIDENCE			STU)						iibioae
>		ryland		timore City	Bal	timore		13d. INSIDE CITY LIMIT YES NO		Laur	ens S	treet	2121	7
1	14. F.	ATHER'S NAME		MIDDLE		LAST		15. MOTHER'S M.		E MIC	DUE	- 21	LAST	
		Genar				bano	-	Evely	/n				Foronc	
	No.	FF 110 00 111 111 15		RMED FORCES? VE WAR OR DATES)		CIAL SECURIT					ADDRES 9	JI Lo	ngfell	ow St
	INC					S-78-09	56	Evelyn I	VIISKI (	(Wotne	erjkiv	erdai		
ı			ATH MALAC CALL	only one couse per line f SED BY:									BETWEEN ON	ATE INTERVAL
	15	016	IMMEDI	ATE CAUSE (0) MULT	tipl.	<u>e inju</u>	ries						1	
		Condition	ns, if ony, which	DUE TO, OR A	S A CO	NSEQUENCE	OF							
	120	gove ri	se to immedio	te (b)										
		lying cou	stoting the <u>under</u> use lost.	DUE TO, OR A	S A CON	NSEQUENCE	OF							
	19	0.487.0.07070.00	CANEL CANT COMOUTIO	(c)										
	z	PAKI Z DIREK SI	GNIFICANT CUNUITIO	NS CONTRIBUTING TO DEATH BU	I WOI WELL	ATEO TO THE TERM	MINAL DISEAS	E DR CONDITION GIVEN	IN PART 1 (g).					
	CERTIFICATION	19g DATE OF	OPERATION	19h CONDITI	ON FOR	WHICH OPE	N MOITAS	'AS PERFORMED?					20. AUTOPS	CV2
	15												YES [3	
	E		AL CAUSE WAS	21b. TIME OF			21c. H	OW INJURY OCCU	JRRED LENTER	NATURE OF INJU	IRY IN ITEM 18 PA	ART I OR PART		NO 🗆
		UNDERLYING	NG CAUSE O	HOUR A.M.	MONTH	6 19 8	R	ssenger						
1	MEDICAL	21d INJURY C		21e PLACE O	INJURY	(AT HOME,	21f LO	CATION	III aac					
	X	WHILE AT WORK	NOT WHILE T	STREET, FACTO	ry, farm, i oad	ETC.)		ls Rd &	28th S	St. Balt	, N	COUN	4IA	MD
-						1.14		277 5						
				orge of the remains descri	accident				ection L.	Inquiry		In my opin	nion	
		deoth result	ed trom: No	turol couses .	Accident	IAU, SI	vicide	Homicide L		termined mor	nner [],			
		ACTUAL	Ma	T EN	Lel,	le A	1/9/	Assista		No. Levis		DATE	12/7/	/87
		SIGNATURE.				- 11	N	.D. rico io ca	MED_MED	ICAL EXAMI	INER	SIGNED	))	
	700	EXAMINER'S (TYPE OR PRI	NAME Ma:	rio F. Goll	e, J	r, M.D		ADDRESS 11	l Penn	st.		Ва	alto.M	).
	23a.B		TION, REMOVAL					R CREMATORY		CATION				
	{	SPECIFY)	rial	12/09/87				Cemeter	CITY	entwo	. al	COUNT		STATE
	24 F	UNERAL DIREC	TOR				CUIII.	ZSu. D	ATE REC'D. BY	Y REGISTRAR	25b. REGIS	TRAR'S SIG	GNATUMAI	ryland
	l'r	ancis C	asch's	Funeral Ho	me,	P.A.		n n	FC 0 9	1987	Tolin .	endre	-Mande	
	47	39 Balt	imore A	venue Hyat	tsvi	lle, Mo	1. 20	781		1001	ġ —			
	1000													

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be

is should be filed within 72 hours ofter death

# STATE OF MARYLAND

1-	FOR STATE		ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE A 7	3 4 3 2 7
C GPE	REGISTRAR	MIDDLE	LAST	REG. NO.	H DAY YEAR TA HOUR
, ARE	GEASED NAME FIRST	MIDDLE	LASI	20 DATE OF DEATH MONT	H DAY YEAR 26 HOUR
	thia	141	exavolon	DECEMBER	22,1587 7-2
3. SE	× 014	RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN
M	lale	Black	December 3, 1900		YRS.
7a BI	IRTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED D NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH
1	MD.		WIDOWED DIVORCED	BAltim	ore City N
10 C	ITY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD</li> </ol>		12a USUAL OCCUPATION  (1YPE OF WORK FOR MOST OF WOR	126 KIND OF BUSINESS O
-	BAITO.	5 1 1 1	dical Center	Retired	
	AL RESIDENCE (IF NURSING HOME OR OT STALE 136 COUNTY			13e STREET ADDRESS / ZIP	CODE
	M.S.	BAHO	YES NO	1 6 6 6	vision ST 212
14 FA	ATHER'S NAME	DDLE ALAST	15. MOTHER'S MAIDEN NA	ME	1457
1	DFFIUS		inder Elizabet		MARSHALL
	WAS DECEASED EVER IN U.S. ARMI			ADDRESS	
	YES, NO OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES) 218-10-2	LOOD MARTHA L.	Brown 1	025 Division 3
	10 CALISE OF DEATH (Enter only	one couse per line for (a), (b), and (	le: )		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUEN	NCE OF		
2	PART 2 OTHER SIGNIFICANT CO		EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	ON GIVEN IN PART To
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
E	21g ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	
	OR CONTRIBUTING CAUSE OF DEATH		YEAR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	211 LOCATION		
MEI	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE, FAR		CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK	Managara da Managa	101 7 10 83	- 10 December	120087
	age the becomed live on	ottended the deceosed from A	, and that in (my) (sur) pinion		
	above (I)(we) (did) (did not)	view the body ofter death		dedition of the dole of	22c DATE SIGNED
16	1 /00-1	0	ATTENDING _	MEDICAL STAFF	12/22/02
-	LOSS DLIVEN TANKS NIAME	my	PHYSICIAN [	DIRECTOR PHYSICIAN	X) ILICLAT
130	274 PHYSICIAN'S NAME TAPE OR	RINT	22e ADDRESS	1 14 . 1	10 0,00 200
	David H.	Level	12600 Lib	evty Heigh	15, 150XX, 2121
	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
1	Busial	12-28-87 1	nt Auhurn Cons	LV KAltimo	m. M.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the buriol-transit permit. Then please remove carbonpopers, Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the hospital or attending physician.

BP.

IMPORTANT; If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event, the

WM. Brown

1206 ADDRESS. North Ave

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE CO.

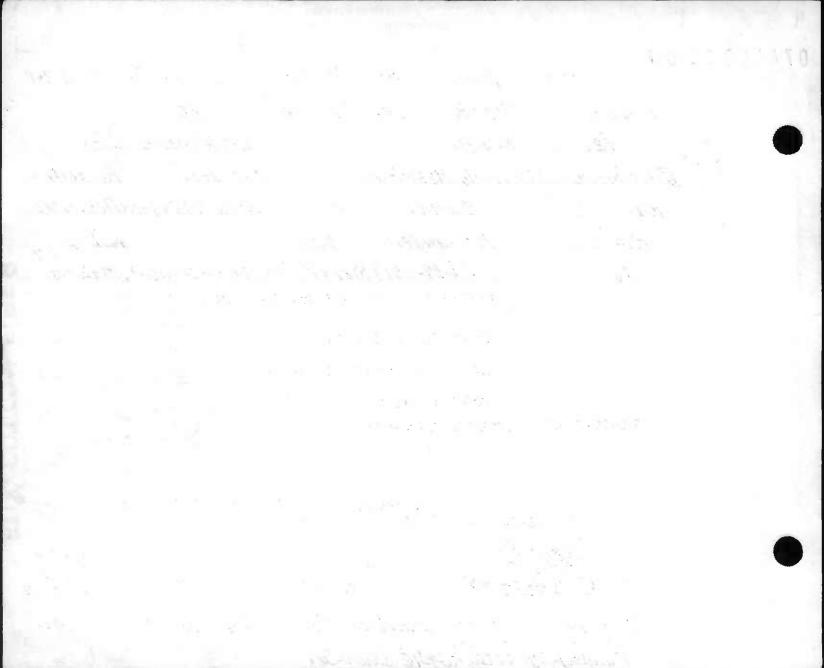
1.152 - 1.5370

THE PERSON NAMED IN COLUMN TO SEE STATE OF THE PARTY OF T

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEC DECHASED NAME 20 DATE KNOWN IX (TYPE OR PRINT) OF ESTI-ALLEN ANTHONY DEATH MATED 72 HOURS ON STREET 12-16-87 4 RACE 2. SEX 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. 2d HOUR 20 DATE LAST BIRTHDAY) DAY PRONOUNCED 12-16-87 black 6:50F male 19 20 1967 DEAD BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) US Baltimore City Md DIVORCED T WIDOWED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
University Hospital Emoloveer's over FOR MOST OF WORKING LIFE! Baltimore \_oad 2, AND 31 3. RETAIN SHOULD AL RECORD WAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL 13a. STATE 13e STREET ADDRESS Greenspring Avenue 13b. COUNTY Baltimone 13d. INSIDE CITY LIMITS? Md 3507 2 S 14. FATHER'S NAME 124 HOURS AFTER DEATH.

JITEM 18. GIVE PAGES 1, 2
JUDING WITH FORM PM 3
T PERMIT. PAGES 1 AND 3
GIENE, DIVISION OF WITH 15. MOTHER'S MAIDEN NAME MIDDLE Robert Allen MIDDLE Betty Bennett BALTIMORE. Ann 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) No 214-92-8035 Betty Ann Simmons 4812 Park Heights TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PRINCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCING W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DISALLIMORE, MARYLAND, 21201 PRIORTO BURIAL, CREMATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Stab wound of chest IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate DIVISION OF VITAL RECORDS, 201 W. couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES A NO L 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR □XOR UNDERLYING subject stabbed during altercation 12-16-87 29P P.M. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 71d INJURY OCCURRED GreenSpring Valley Rd. AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) construction site Championship Ct Garrison, Maryland 27a I certify that I took charge of the remains described above, held on Inspection and in my opinion Homicide X deoth resulted from: Accident Undetermined monner Notural causes Suicide TITLE (SPECIFY) ACTUAL 12 - 17 - 87Assistant DATE SIGNATURE Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION COUNTY STATE Burial 12/21/87 Mt Auburn Cemetery Baltimore Md 07/84 24 FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** March F/H West 4300 Wabash Avenue (VR A15 ME (5))

	1			STATE OF MARYLAND		
	۱.	FOR STATE	DEPA	RTMENT OF HEALTH AND MENTAL HYG	IENE	3 4 3 2 8
7 1 1 0 0 000		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	DNIH DAY YEAR 26 HOUR
74498 DEC		PASED NAME FIRST	MIDDLE	ALEXANDER	I DAIL OF DEATH	
2 00		ORA	13e11	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD	2 3 87 11-30PM
4 94	3. SE:		ACE II	MONTH DAY YEAR	CA.	MONTHS DAYS HOURS MIN.
B 110 05	70 BI	FEMALE RTHPLACE (STATE OR FOREIGN 76)	CITIZEN OF WHAT COUNT	18C1 25 - 06	9 BALTIMORE CITY OR	OUNTY OF DEATH
1 16/15		OUNTRY)	7/50	MARRIED NEVER MARRIED WIDOWED DIVORCED	Boling	and City MD
do the	n c	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	
	X	altimore (	HINDCH. HIS	SPIT-2/	PERALOR	Factory
De la la	1	AL RESIDENCE (IF NURSING HOME OR OTH STATE 136 COUNTY		EFORE ADMISSION) TOWN 1136 INSIDE CITY LIMITS?	13. STREET ADDRESS /.Z	
N 2 2 2		Md.	- Balt	YES NO	1507N.Colli	NETONAVEIZIZIZ
SYLA STATE OF THE	14. F/	THER'S NAME	DIE A LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	AST
WA B		AlGIE	Hlexa	yden Ida		WILLS
H. H.		VAS DECEASED EVER IN U.S. ARMEI		SECURITY NO. 17. INFORMANT	ADDRESS	0/20/
TIMC		NO	226-0	7-5399 Mary K. FO	w/Kes4306	
BAI cohe modil.		18 CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED B		ED ABDOMINAL A RT.	C ANTIRVS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.		IMMEDIATE C			THIL CITED!	
TON oth c ordin			DUE TO, OR AS A CONS			
e de move	1	Conditions, if any, which gove rise to immediate		C LEFT COLON		
W. P		couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONS	EQUENCE OF .TC FNCSPHATOPATHS	7	
201 es th ned i pleo vriot		PART 2 OTHER SIGNIFICANT COM		TO DEATH BUT NOT RELATED TO THE TERM		TION GIVEN IN PART 11a
RDS,	S S		RENAL P	ATLUEE		
ow requi	3	190 DATE OF OPERATION		HICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
TALRI The kicton. The kicton. The hos	CERTIFICATION	11-17-1987	RUPTURED A		YES NO	YES NO
Z Z S S S T 8 U		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH		RED (ENTER NATURE OF INJURY	IN ITEM TO PART TORPART?)
DIVISION OF VIOLE PROPERTY OF A PAYSICIAL OF A PAYS	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19 211 LOCATION		
PHY rendi this he bi nd M	MED	21d. INJURY OCCURRED  WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OF		CITY OR TOW	COUNTY STATE
DIVI or off or off se as the sealth ar marke		AT WORK AT WORK  22a. I certify that (I) (this hospital)		NOVEMBER 17 87	DECEMBER	3 19 7 that (li we) lost
A D S S H I		sow the decementalive on	CEMBER 3	19 87 , and that in (my) (our) opinion	death occurred on the date	e and hour and from the couses stated
R ATTEN haspital RECTOR ned for u spt. of He	1	obove, (1) (y/e) (did) (did not) v	new the body ofter death	DEGREE		22c. DATE SIGNED
T T T T T T T T T T T T T T T T T T T		24/651	THE	ATTENDING PHYSICIAN	MEDICAL STAFF	12/3/87.
HOSPITAL ined by th FUNERAL wild be detected to the Stote outstand the	1	224 PHYSICIAN'S NAME (TYPE ONE	yd)	22e ADDRESS	+0	P. I BAU
O HOSPITAN TO FUNERAL Should be de with the Stat		Y.K.SH	ETTY	Church Ho	spreak, 100 H	Duch way / MD 21231
TO HO TO FINANCIAL IN PO	23a.		73h DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP		Burial	12-7-87	Baltimonclemeter	Y Bakino	ne Moi
DHMH - 16 60M 7/84	74.1	UNERAL DIRECTOR DO D	14 pp. 1 wood	e e	TE REC'D. BY REGISTRAR 25	IN REGISTRAR'S SIGNATURE
(VRA 15, 4)		Tands pluy	4. Colleck 24	316 OliverSt. DE	<u>C - 8 1987 /</u>	10 Dividion Pudase



injury, ar ather tri

should be detached far use as the burial-transit permit. Then please with the State Dept of Health and Mental Hygiene prior to burial, cri IMPORTANT; if them 21 is marked at Item 18 shows ony injury, at ath

TO FUNERAL DIRECTOR: After this certificate has been

ned by

rs after death

1.	FOR STATE			DEPARTA	MENT OF H	OF MARYL EALTH AND ICATE OF	MENTAL HY	GIENE	7	3	4 3	3	0
C	REGISTRAR EEASED NAME	FIRST		NDDLE		AST		I 20 DATE	REG. N	MONTH	DAY YEA	R 2h	HOUR
	OR PRINT)			···bocc								20	. P
		HATTI	E			LEN			MBER	12,	1987		44 M
3. SE.	X	4. 8	5. DATE C	DAY	YEAR	MONT							
	female		k	11 16 1919				68	YRS.				
	RTHPLACE (STATE OR	FOREIGN 7b.	CITIZEN OF V	WHAT COUNTRY?	MARRIED   NEVER MARRIED			9 BALTI	9 BALTIMORE CITY OR COUNTY OF DEAT				
	S. C.		USA		WIDOWE	DX D	NORCED [		BALTI	MORE	CITY	Z.	MD.
	ITY OR TOWN OF DEALT IMORE			OSPITAL, NURSIN				(TYPE OF V	NOCCUPAT VORK FOR MOST O	OF WORKING L			ISINESS OR
	AL RESIDENCE (IF NUR.	13b. COUNTY	ER INSTITUTION,	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimor	N	13d. INSIDE	CITY LIMITS?	13e. STRE	et address 126 Be		Aveni	ue 2	1216
14. FA	THER'S NAME						S MAIDEN NA	EN NAME					
7	Odell	MIDE	DLE	Williams	S		lanie		MIDDLE	Li	ttlejo	hn	
	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17. INFORM	ANT		ADDR				
(	YES, NO OR UNKNOWN)	I IF YES, GIVE W	AR OR DATES)	NA		Jack	Allen	3678	Fores	t Hil	1 Road	b	
	PART I. DEATH V  Conditions, if ony gove rise to im couse (a), stofit underlying couse	A 4	Card,	ial In	fareti	on				en [	MIERVAL TAND DEATH		
	PART 2. OTHER SIG	NIFICANT CON	IDITIONS CC	NTRIBUTING TO L	DEATH BUT	NOT RELATE	D TO THE TERM	MINAL DISE	ASE OR CON	NDITION GI	VEN IN PAR	T 1(o	
0	Hype	rtensi	on,	Heart	Block	(2n	d Degi	ree)					
CERTIFICATION	190. DATE OF OPERA	TION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a A YES	UTOPSY?	IN CERTI	S, WERE FIR IFYING CAU ES	ISES OF	
CAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEATH	21b, TIME OF HOUR A./ P./	M. MONTH DA	AY YEAR	21c. HOW I	VJURY OCCUR	RRED (ENTE	R NATURE OF INJ	URY IN ITEM 18.	PART I OR PAR	2)	
MEDICAL	21d. INJURY OCCUR		21e PLACE (	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC )	211. LOCAT			CITY OR TO	OWN	COUNT	1	STATE
	AT WORK AT WO					1/	pto Tax			/	E. 19		
	220.1 certify that (I saw the decease above (I) (we) (				87.6	nd that in my	, 19 <u></u>	death occ	urred on the o	date and ho	ur and from		(Jy (we) lost ses stated
	226. SIGNATURE	riel L	Ph.	Men	MS	Pho	AITENDING PHYSICIAN [	MEDIC DIRECT	AL STA	AFF CIAN Ø	22c. D	ATE SIGN	NED
	224 PHYSICIAN'S N	AME LIVE OF PE	INT	· mary		1220 ADDRE	SS			7			

DHMH - 16 50M 1/81

(VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) 12/17/87 Burial

anie

Clemens 23c. NAME OF CEMETERY OR CREMATORY Arbutus Memorial Park

23d LOCATION Arbutus

COUNTY

**BM** 

24 FUNERAL DIRECTOR

To. BIRTHPLA COUNTRY II. CITY OR T BALTI

22d. PH

3. SEX

March F/H West 4300 Wabash Avenue

250 DATE REC'D. BY REGISTRAR 250 REGISTRAP SSIGNATURE DEC 1 5 1987

1075 E TELL

and Joseph .

# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

requires that the deoth

ENDING PHYSICIAN: The low tol or offending physicion.

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by the funeral director

ng physicion and bonpopers. Pages

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRA	AR		DEPARTA		HEALTH AND MENTAL HYG	BIENE 8 Z	3	4 3	3 1	
DECEMBED NA	AME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH D	DAY YEAR	2b HOUR	
(1690001)	JUD	GE			ALLEN	December	12-3	30-87	12:45am	
3. SEX		4. RACE		5. DATE		6. AGE (IN YEARS LAST BE		IF UNDER I YEAR	R IF UNDER 24 HRS	
Male		Blac	k	Ju	ly 22, 1922	65	YRS	AONIHS DATS	HOURS MIN.	
COUNTRY	( STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH		
South	Carolina	U,	S.A.	WIDOW		Baltimor	e City		MD	
10 CITY OR TOW	VN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126. KIND	OF BUSINESS OR	
Balti		3905	Woodridge	Road		Constructi			tired	
130. STATE  Maryla	ICE (IF NURSING HOME O	R OTHER INSTITUTION	13c. CITY OR TOWN  Baltimo	N		13e STREET ADDRESS	/ ZIP CODE	L a a d	21220	
14. FATHER'S NA	ME		Darcino	16	15 MOTHER'S MAIDEN NA	3905 Wood	riuge i	Koau	21229	
Marce	11	MIDDLE	Allen		Eula Eula	WIDDLE		Simp	son	
160 WAS DECEA (YES, NO OR UN	SED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR	ESS			
(YES, NO OR UN			248-24-5	5 <b>2</b> 2	Lenese Alle	n 3905 Woo	dridge	Rd. I	Balto, 212	
couse (counderlyin	e to immediate o), stating the g cause lost THER SIGNIFICANT	(c)_	R AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR CON	ndition give	N IN PART I	(0	
190. DATE C	OF OPERATION	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \text{NO} \)			
	ENT WAS UNDERLYING ESUTING CAUSE OF DE	~111	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURE					
WHILE AT WORK	Y OCCURRED  NOT WHITE AT WORK	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE FA	ARM ETC )	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE	
sow t	fy that (I) (this hasp he deceased alive or , (I) (we) (did) (did no	Dec ZY	19 8	200	nd that in (my) (our) opinion o	, to	lote and hour	ond from the	that (I) (we) last e causes stated	
22b. SIGNA	Milip	1 Cunt	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		12/3	SIGNED			
P	CIAN'S NAME (TYPE				22e ADDRESS			7	1	
23a. BURIAL, CRE	MATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION	0.1	COUNTY	STATE	
		01-2-8	DO LO	nop						
Burial 24 FUNERAL DIR		01-2-8	38 Lot	ıdon	Park Cemetery	Baltimor				

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed should be detached for use as the buriol-transit permit. Then plewith the State Dept. of Health and Mental Hygiene prior to burn MRORTANT: If Item 21 is marked or Item 18 shows ony injury, and

Marshall W. Jones, Jr. FH 4101 Edmondson Ave.

UEU 3 1 1987

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may be

## STATE OF MARYLAND

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

1 1 1987 Julia Dender Product

4	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	8 7 <sub>REG. NO.</sub> 3 4 3 3 2
	1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT)	ALSTON	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
	3 SEX Female Black	5. DATE OF BIRTH  MONTH DAY YEAR  7	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN
1	70. BIRTHPLACE (STATE OR FOREIGN TO. CITIZEN OF WHAT (COUNTRY)		9. BALTIMORE CITY OR COUNTY OF DEATH
	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPIT.  (IF NOT IN SUCH FACILITY  TO NOT DEATH  TO NOT DEATH	AL, NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  LIPEM DU CO
	Md Bo	TYORTOWN 13d INSIDECITY LIMITS?  YES NO D	13e STREET ADDRESS / ZIP CODE JUL 21215
)	14. FATHER'S NAME Charlie MIDDLE	15. MOTHER'S MAIDEN NA FIRST LAST LAST LAST LAST LAST LAST LAST LA	ME MIDDLE HLAST TOUTS
	160 WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO OR UNKNOWN)  (IF YES, GIVE WAR OR DATES)	N/A Marion L	ADDRESS CMHON
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIB	CONSEQUENCE Of mbrais & En	Enblish  Moslitation  Minal disease or condition given in part his  Limitation Wolf Muylus 2001
1		OR WHICH OPERATION WAS PERFORMED	700 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO NO
-	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  21d. INJURY OCCURRED  21e. PLACE OF INJURY ALMONE STREET FACT	ONTH DAY YEAR 19	RED (ENTER NATURE OF INJURY IN 11EM 18 PART 1 OR PART 2)  CITY OR TOWN COUNTY STATE
	A WHILE NOT WHILE AT WORK  The certify that I) the happing attended the deceded by the certify that II the happing attended to the deceded by the certify the did the not have throughly ofter deceded by the certify the did the not have throughly ofter deceded by the certify the did the not have throughly ofter deceded by the certification of th	poth.  DEGREE  ATTENDING	death occurred on the date and hour and from the causes stated  MEDICAL STAFF DIRECTOR PHYSICIAN 1220. DATE SGNED
	230. BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) BUTTAL 12/13/8	236. NAME OF CEMETERY OR CREMATORY  ST Luke Bast Com	236. LOCATION COUNTY STATE NO

March F. H. West 4300 Wabash Ave

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

BP.

IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar other traumatic event, the

Uby 1 1 1887 July Colored Lives

FOR

STATE OF MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-18			4	4
1			1	-1
	PEG.	NO		

REG. I	10.	•	14	
OF DEATH	MONTH	DAY	YEAR	26 HOUR
	12	9	87	10=
IN YEARS LAST B	HRTHDAY)	IF UN	DER I YEAR	IF UNDER 24 HI

3

Ш	b 0/	REGISTRAR		REG. NO.												
	1. DEC	CEASED NAME	FIRST	M	NIDDLE	L	AST	20	DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR			
	{TYPE	OR PRINT)	Edwar	d	Smil	4	71ther			12	9	87	10=			
	3. SEX	(	4.	RACE	F BIRTH		AGE (IN YEARS LAS	BIRTHDAY)		IDER I YEAR	IF UNDER 24 HRS					
- 1		m	ale	~	hite		1 DAY 1 YEAR	X/X								
1		RTHPLACE (STATE	OR FOREIGN 76.	CITIZEN OF V	WHAT COUNTRY?	MARRIE!	NEVER MARRIED	DINORCED   Balto. City								
	)	Mo		0	15	WIDOWE	D DIVORCED						٨			
1	10. CI	TY OR TOWN OF	DEATH 11		OSPITAL, NURSING FACILITY, GIVE STREET		R OTHER INSTITUTION		B. USUAL OCCUP TYPE OF WORK FOR MC				F BUSINESS O			
1		Bari	~	l- m	wersity	3.	manylan	J.	retral	welde	r	TT 212	who .			
1		AL RESIDENCE (IF)	NURSING HOME OF OTH		GIVE RESIDENCE BEFOR		13d INSIDECITY LIMIT	TS? 13	e. STREET ADDRE	55.		ſ.				
100	3	mid	-			150	YES NO		11002	B10550	3-1	7 -	2122			
	14. FA	THER'S NAME	0			Sr.	15. MOTHER'S MAIDE	NNAME	MIDDL				T			
		Edwa	rd Éi	nil	HIT	rei	Caro	tole	~			J's	NK			
		VAS DECEASED EV			16b. SOCIAL SECU	JRITY NO.	17 INFORMANT		AD	DRESS						
	N	O Z	(IF YES, GIVE W	AR OR DATES	077 100	26	Frances	C.	Alther	Sa	me	as #	13			
		18 CAUSE OF DE	ATH (Enter only	one couse per	line for (a), (b), or	nd (ch.)	Λ					SETWEEN C	MATE INTERVAL			
		PART I. DEATI	H WAS CAUSED E IMMEDIATE (		Cardispa	done	an Hr	(ve	s h							
			IN INCOME.		AS A CONSEQU	ENICE OF	1									
		Conditions, if	any, which	DUE 10, OR	Canilla		in									
		gave rise to	immediate	10)				_								
	ш		iuse last.	DUE TO, OK	RAS A CONSEQU	1-0-	ilene (	Acc	(XX)			7	17-hon			
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN											a ·			
, Marine	CERTIFICATION		TINFR	CTED	(R	His										
-	Ā	19a DATE OF OPE	RATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES, W				GS USED OF DEATH?				
7	Ē							YES NO		YES [		NO []				
13	CE.	210. ACCIDENT WAS	UNDERLYING	21b. TIME OF			21c. HOW INJURY O	CCURRED	(ENTER NATURE OF	INJURY IN ITEM	8 PART I	OR PART 2)				
1			CAUSE OF DEATH	HOUR A./	M. MONTH D	AY YEAR										
	MEDICAL	21d. INJURY OCC	MEDICAL EXAMINER)	21e. PLACE C		19	21f. LOCATION									
,	ME	WHILE NO	T WHILE	(AT HOME, STR	EET, FACTORY, OFFICE,	FARM, ETC )	STREET		CITY C	RTOWN		COUNTY	STATE			
				ottended the	e deceased from				, to		_, 19_		that (I) (we) lo			
		saw the deceased alive on								iour and	d from the	causes stated				
		22b. SIGNATURE DEGREE								22c DATE	SIGNED					
	ATTENDING MEDICAL ST. PHYSICIAN DIRECTOR PHYS								STAFF SICIAN V							
		22d. PHYSICIAN'S	S NAME (TYPE OR PI	RINT)			22e ADDRESS									
			Bu	Noch			722	2 60	ee Sa	-	BA	#10				

24. FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

230 BURIAL, CREMATION, REMOVAL 23b. DATE Cremation

Funeral Homes

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

Catonsville. By REGISTRAR 256 REGISTRAR'S SIGNATURE Process 25e. DATE REC'D.

Patapsco Ave., Balto., Md.21225

OEC

requires that the death certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

attending physician.

retained by the hospital or

BP

077263

JAN

completely filled in by the funeral director, page 3 1 and 2 should be filed within 72 hours after death

within 24 haurs after death. Page 4 may be

FOR

### STATE OF MARYLAND

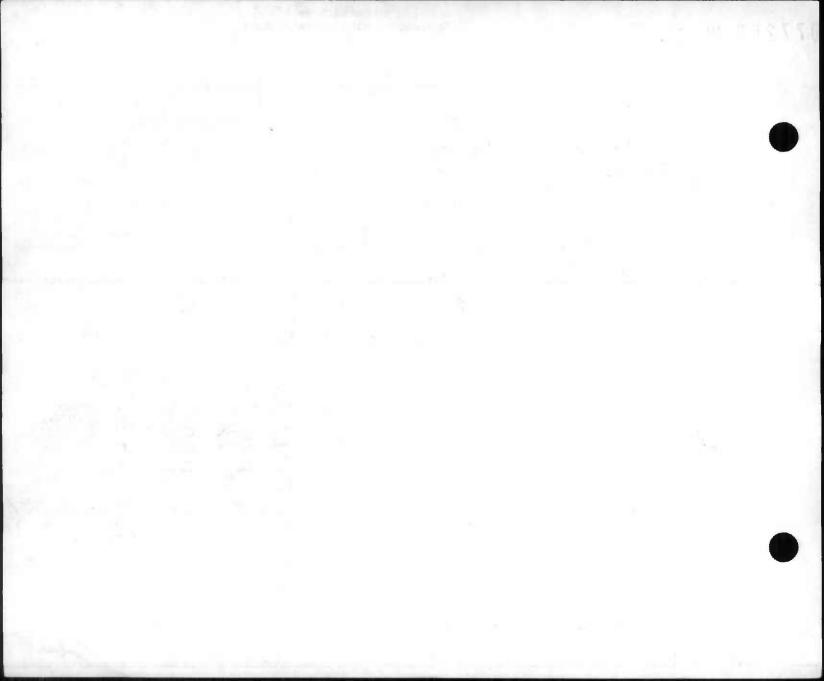
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	4	3	3	
	3	3 4	3 4 3	3 4 3 3

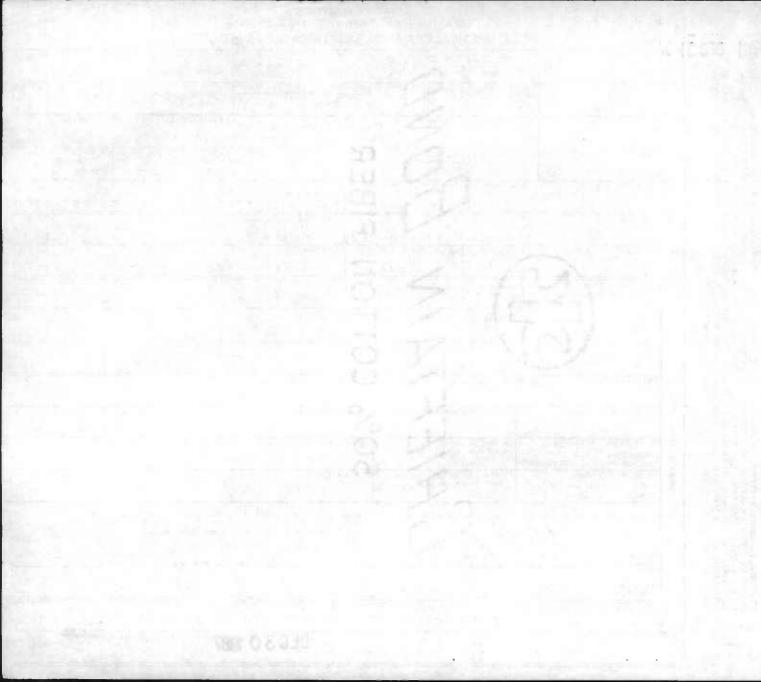
-6	98-	STATE REGISTRAR		DEPARTN		ICATE OF DEATH	8 7 REG.N	0. 3 4	3	3	4	
		CEASED NAME FIRST	A	AIDDLE	ŧ	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOU		
	(1170	BABY BOY	7	AN	DERS	ON	DEC. 26,	1987		7:16	6A M	
	3. SE)	(	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR			
		MALE	BLA	CK	DEC				NIHS DAYS	1 7	16	
2/	7a. BI			WHAT COUNTRY?	8		9. BALTIMORE CITY C	R COUNTY O	FDEATH	1		
7 3	(	COUNTRY				D NEVER MARRIED	BALTIMO					
-4	10. CI	U.S.A.		S.A.	WIDOWE	D DIVORCED DIVORCED	12a USUAL OCCUPAT		12b. KIND C	DE BLISINE	MD.	
2	В	ALTIMORE	JOHNS	HOPKIN	S HO		(TYPE OF WORK FOR MOST ON N /	F WORKING LIFE)	INDUSTRY			
2	USUA 130 S	AL RESIDENCE (IF NURSING HOME OR TATE 136, COUN		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	2	1216	5		
500	1	MARYLAND		BALTIM		YES NO	3110 EL	LISLIE	A	VE		
	14. FA	THER'S NAME				15. MOTHER'S MAIDEN NA						
Year		JERMAINE	MIDDLE	LEE		TYESHA	MIDDLE	7	NDER			
4	16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR					
1	0		E WAR OR DATES)									
-		NO		L N:A		MOTHER	AS	ABOVE		CIMATE INTE	RVAL	
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane couse per DBY.			17 - C.) CC'-	101001	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		DEATH		
		IMMEDIATE CAUSE (0) RESPIRATORY INSU HI CIENCY									7.	
			DUE TO, OR AS A CONSEQUENCE OF								-	
		Canditions, if any, which	(b)	extren	6 Du	ematurit	7		17	- hou	15.	
		couse (a), stating the DUFTO OR AS A CONSEQUENCE OF										
3		underlying couse lost. (c)										
. ,		PART 2 OTHER SIGNIFICANT	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	0		
	ō											
1	Ç	190. DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USI					
	=						YES X NO	YES				
0	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2)			
4	CAL	OR CONTRIBUTING CAUSE OF DEA		M. MONTH DA	YEAR	357.6	-67		2			
1	8	214. INJURY OCCURRED	21e. PLACE		17	21f LOCATION						
4	MEDI	WHILE NOT WHILE	(AT HOME, STR	REET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR TO	NW(	COUNTY	S	STATE	
		AT WORK										
		sow the deceased alive on	1 - /2		37	nd that in (my) (aur) apinian	depth accurred on the d	ate and hour a		, , ,		
		obove, (I) (we) (did)(did no 27b. SIGNATURE	t) view the Bady		, , ,	DEGREE		010 010 11001 0		ESIGNED		
		176. SIGNATURE	000	10		ATTENDING	MEDICAL STA	FF .	IR. DATE	2 / /		
		Karen B	alla	van	m.	O' PHYSICIAN			112/	26/	8+	
		1220 PHYSICIAN'S NAME (TYPE O	Ball	abar			WOLF ST 121295 Balt, MD					
	230 0	BURIAL CREMATION, REMOVAL	23b. DATE	122 A	JAME OF C	EMETERY OR CREMATORY	123d LOCATION	VIIV	1 2000	-	-0	
		SPECIFY M					CITY OR TOWN		COUNTY		STATE	
	24 51	OR MATION -	12/20	) B1 (JC	лниѕ	HOPKINS HOS	EP BALTI	181	B. C. C. C.	MD		
1	/4 FL		NC HOS	ADDRESS			TO ACCT	Aun D		2		
		JOHNS HOPKI	NS HOS	PITAL B	ALTO	MD UEL	3 U 198/	STATES AND	handle has t			

DHMH - 16 50M 1/BI (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and construction on the should be detacked for use as the burial-transit permit. Then plaase remove carbonapapers. Pages I with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. MMORTANT: If them 21 is marked or Item 18 shows any injury, or ather traumatic event, the medical



		1-	#18,22a FOR STATE	,FilmG6	35 1/18/	DEPARTMENT O	FHEALTH		NTAL HYGI	and the state of t	1	B	3 3	5
766	7   DEC 3		PEGISTRAR CEASED NAME	FIRST	ME	DICAL EXAM	NER'S	LAST	ATE OF DI		REG. NO		(3 45	
			E OR PRINT)	Bernar	d b	LBERT	A	nderso	n III		KNOWN ESTI-	1 2	25-1987	25 HOUR
	EAS TOR TILES DUR	3. SEX	4. RA		DATE OF BIRTH	I6. AGE (IN			F UNDER 24 HR		MATED	MONTH	DAY YEAR	2d HOLIR
	ARY, PL L DIRECTOUR F N 72 HC TON STI	M	I.E. BI.	ACK	10 8	YEAR LAST BIRT			HOURS MIN	PRONOUN DEAD	NCED 12	2-25-	1,987	9:13F
0	IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED WITHIN 72 HOURS IM PRESTON STREET,	70 B	RTHPLACE (STATE O REIGN COUNTRY)  MD	R	b. CITIZEN OF W		8. MARR WIDOV		ER MARRIED X	X	imore (	-	Y OF DEATH	MD.
	>HQ HQ	10 C	TY OR TOWN OF D Baltimor		1. NAME OF HOS	SPITAL, NURSING HO CLUTY, GIVE STREET ADDRES OPKINS HOS	S)	ter instituti	ION 120 L	DSUAL OCCUP OR MOST OF WOR N/A	PATION (TYPE	OF WORK	26 KIND OF B OR INDUS N/A	
1201	DELY TOTAL PERSON	13a S	RESIDENCE IN MINISTRATE MD	Annual Commence		13c. CITY OR TOWN	SSION)	13d INSIDE (III)		TREET ADDRE	SS OLBRO	OV C		21202
60,2	A2332	-	THER'S NAME			BALTIMO	ORE	15. MOTHER	'S MAIDEN NA	AAF		JK 5		21202
S. N	3882500	D	BERNARD		LBERT	ANDERS	on J	FIR	ADA	M	NIDDLE		P	ITTS
MOR	20 80 8 -		VAS DECEASED EVI ES, NO, OR UNKNOWN)		D FORCES?	16b. SOCIAL SECU		17. INFORM			ADDRESS			
ALTI	ANSWERS ANSWERS		NO	JIF 1ES, GIVE WA	IR OR DATES!	N	' A	MADA	PITTS	1508	HOLBI	ROOK	STREE	EΤ
ST., B.	SAN CANAN		18 CAUSE OF DE	ATH (Enter anly a	Y	far (a), (b), and (c).)				2000			APPROXIMA	
NO	VAL PROPERTY		7997	IMMEDIATE (		Budden Inf		eath Sy	ndrome				-	
REST	EMO EMO	-8	Canditians, if		DOE TO, OK	AS A CONSEQUENC	201							
W. P	ENCI MINE TRANS		gave rise to cause (a) state		DUE TO, OR	AS A CONSEQUENC	E OF							
201	ECUTED IG" IN PE BURIAL. AND ME ATION, C	-	lying cause la	st.	(6)									
RECORDS.		N	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CON	NTRIBUTING TO DEATH	BUT NOT RELATED TO THE T	ERMINAL DISEAS	E OR CONDITION	GIVEN IN PART 1 to					
	日本一〇本・1	ATIC	19a DATE OF OPE	RATION	19b CONDI	TION FOR WHICH OF	ERATION W	AS PERFORM	NED?				20 AUTOPS	Y?
ITAL	SE S	異											YES X	NO 🗆
, 40 V	NO PER MAN	CER	210 EXTERNAL CA		21b. TIME OF	FINJURY MONTH DAY YE	2 Ic. H	OW INJURY C	OCCURRED (EN	ER NATURE OF IN	JURY IN ITEM 18 PA	ART I OR PARI	(2)	
NO	SHOOMS 7	3	UNDERLYING CONTRIBUTING		ATH P.N	19								
DIVISION OF VITAL	古字を名言さら	MEDICAL CERTIFICATION	21d. INJURY OCCU WHILE DINC AT WORK AT	T WHILE WORK		OF INJURY (AT HOME, TORY, FARM, ETC.)		STREET		CITY OR TO	WN	cou	NIY	STATE
	THE THE TENT		22a I certify the	it i loak charge c	of the remains de	scriber abave, held an	Autap	sy X	Inspection	Inquiry	, and	in my api	nian	
	A CHARTE		death resulted fro	m: /Nglurgt	Jauses A.	Accident ,	Suicide	, Hamicio	de Uno	determined mo		, ,		
	EXAMINER CERTIFICATI L DIRECTOR: E. WITH THE: MARYLAND	1	/	11.11	11/1	1~		TITLE (SPI					10.00	0.7
	*#534.		SIGNATURE	Khim	1.70		N	ASS1S	stant	EDICAL EXAM	AINER	DATE	12-26	8/
	TO MEDICAL E EXECUTE THE C EXECUTE THE C TO FUNERAL D AFTER DEATH BATTMORE M		EXAMINER'S NAM	E Charl	les P. K	okes,M.D.		ADDRESS	L11 Penr	Stree	et,Balt	imore	e,MD 21	.201
	522549	23a.B	URIAL, CREMATION			23c. NAME OF				LOCATION	Dunn	COUN	Y :	STATE
37/84 2544	BP_75/		BURIAL	12	1/30/87	CEDAR	HILL	CEME	TERY A		RUNDE			МĎ
2,379	DHMH - 17		UNERAL DIRECTOR	DOU D	ADDRESS			ρ	EC30	1987 STRA	R 256 REGIS	RAR'S,SI	NATURE	
	(VR A15 ME (5))	I WM	. C. MA	KUH F/	H IIUI	E. NORTH	AVE	NUE						



70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE that (It (we) last and that in (my) (aur) opinion death occurred an the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIANE Ichala 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 11/87 Cedar Hill Cemeterly to Ral 24 FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE Balto. Homes

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

YEAR

8

IF UNDER I YEAR

INDUSTRY

12d

as

ame

C

7b HOUR

17h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

12:12/

IF UNDER 24 HRS

BP DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

- STATE

REGISTRAR

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? ( ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE and that include) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED General Hospital 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL CREMATION REMOVAL CITY OR TOWN STATE BURIAL COUNTY DUNDALK MD 12/31/87 EASTVIEW CEMETERY 250. DATE REC'D. BY REGISTRAR 251. REQISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 1101 E. NORTH AVENUE MARCH F/H, INC.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b. HOUR

126 KIND OF BUSINESS OR

IF UNDER I YEAR

INDUSTRY

CRANE

FLAGG

APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH Days

9:49P M

IF UNDER 24 HRS

DHMH - 16 60M 7/84 (VRA 15. 4)

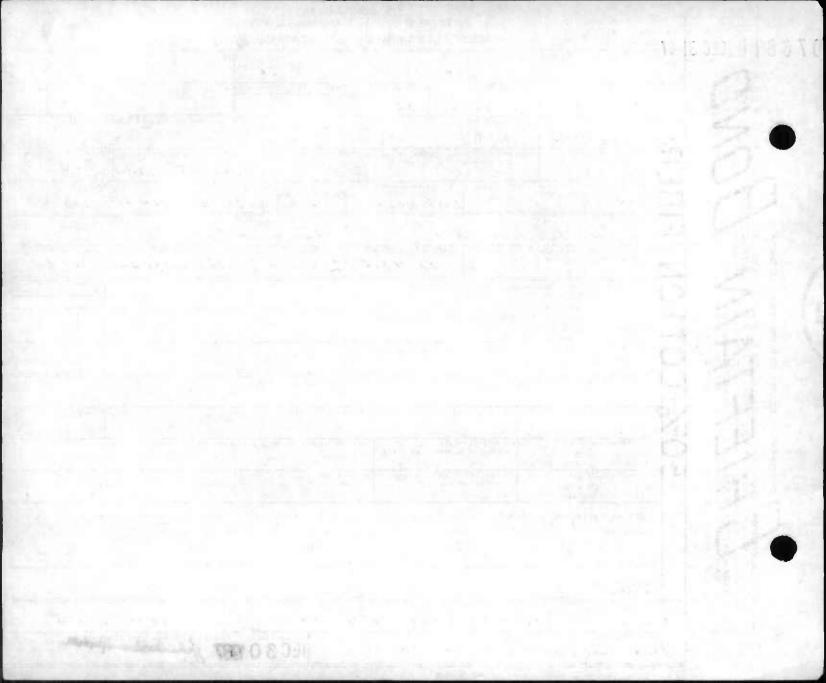
FOR

(VR A15 ME (5))

STATE OF MARYLAND

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	SES. ET,	(TYP		Raymond	2	66	P	nderson 🗸	. OF	ESTI- MATED	12-2		18 1100
	SIE	3. SEX	1. RACE	5. DA	ATE OF BIRTH	YEAR 6. AGE (IN LAST BIRT	HDAY) MONT	HS DAYS HOURS	MIN. PRONOU DEA	NCED	монтн т •25-	DAY YEAR 1987	3:55
	NECESSARY, FUNERAL DIR FOR YOU WITHIN 72 PRESTON	FO	RTHPLACE (STATE OR REIGN COUNTRY)	M3 76 C		AT COUNTRY?	8 MARR	IED MEVER MARR	RIED 9. BALTI	MORE CITY OR	COUNTY	OF DEATH	,
	DELAY IS NE TO THE FUN V PAGE BE FILEE		TY OR TOWN OF DEAT	H 11 N	NAME OF HOSE	PITAL, NURSING HO	ME, OR OTH	IER INSTITUTION	126 USUAL OCCU	Altimore JPATION (TYPE OF JRKING LIFE)	EWODE 12h		USINESS TRY
		USUA	Baltimore L RESIDENCE (IF IN NURS			ILLITY, GIVE STREET ADDRES MOTIAT HO	_		FOR MOST OF WO			14 10	
. 21201	AND		MU	36. COUNTY		BALTIMO		13d. INSIDE CITY LIMITS? YES YOU DO		ESS	RUE	2121	12
RE, MD.	EATH. IF	14. FA	PATHER'S NAME PAYMOND	LERGI	ANDER	SONASI		15 MOTHER'S MAID FIRST	RIS CA	MIDDLE		LAST	
BALTIMORE	S AFTER D GIVE PAG TITH FOR PAGES IVISION O	16e, V (Y	VAS DECEASED EVER IN		ORCES?	166 SOCIAL SECUR		ZENOUIA	ANDERS	ADDRESS ON 530	SHER	-10AN	100
	IN 24 HOURS, IN ITEM 18 G. ADONG WITH PREENE DIV		18. CAUSE OF DEATH PART I DEATH WA	S CAUSED BY:	M	for (o), (b), ond (c).) arcotic into	xicati	on			-	APPROXIMAT BETWEEN ONSI	TE INTERVAL ET AND DEATH
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	WINES OF REAL		gave rise to in cause (a) stating t lying couse last.	mmediate /	(b) DUE TO, OR /	AS A CONSEQUENC	E OF						
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ITALR	WORD PROUCH BE USED NITOF HE BURNAL	CERTIFICATION	19a. DATE OF OPERAT	ION	19b. CONDIT	ION FOR WHICH OP	ERATION V	AS PERFORMED?	114			20 AUTOPSY	Y? NO □
10FV	2 # E S # E A		210 EXTERNAL CAUSE UNDERLYING DO CONTRIBUTING CA		21b. TIME OF HOUR A.M.	MONTH DAY YE	AR	OW INJURY OCCURRI	ED (ENTER NATURE OF II	NURY IN ITEM 18 PART	T T OR PART 2)		NO []
Sion	PARTITION TO	MEDICAL	CONTRIBUTING CA			12-25 19 FINJURY (ATHOME,		ubject took d	lrugs				
DIV	WRITIN WRITIN ARE DE 1201 P	ME	WHILE NOT W		STREET, FACTO	DRY, FARM, ETC.)		STREET 30 Sheridan A	venue Balt		v. Mar		STATE
	AND			dek charge of th	ne remains desc	ribed abave, held on	Autap	sy X, Inspectio	on . Inquiry	ond ir	n my apinio		
	ERTIFIC BE OIRECT WITH WARYL		death resulted from:	Manufall cau	17.1/	Accident .	Suicide	TITLE (SPECIFY)		anner X,		10.0	0.7
	SHOUND SHOULD SH		SIGNATURE	XVVV.	4 9	710	N	Assistan	MEDICAL EXA	MINER	DATE SIGNED_	12-2	26-87
	TO MEDICAL EXAMINER. EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOIN TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SHATTIMORE, MARYLAND.		EXAMINER'S NAME (TYPE OR PRINT)			Kokes, M.D		ADDRESS	Penn St.	,Balto.,	,MD 2:	1201	
07/84	BP 960	()	JRIAL, CREMATION, REP	MOVAL 23b. DA	130/17	ARAUT	EMETERY C	R CREMATORY	23d. LOCATION CITY OF TOWN	MORE	MOUNTY Z	12 2	Total
25M	DHMH - 17 (VR A15 ME (5))	24 FL	Dyfas Gal					DEC 3	REC'D. BY REGISTR	AR 256 REGISTE	AR'S SIGN	NATURE	1



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR PE OR PRINT 20 DATE KNOWN X ESTI-MICHELLE BETH APPEL DEATH MATED 1110 87 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS. 2d HOUR 2c. DATE YEAR 18 VDC PRONOUNCED 1:30 FEMALE WHITE 1969 11 10 87 DEAD . BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) MARYLAND USA WIDOWED [ Baltimore City CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SCHOOL STUDENT Baltimore University HOspital UAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 INSIDE CITY LIMITS? 136 STREET ADDRESS TOWN DR. #21136 REISTERSTOWN BALTIMORE MARYLAND FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE APPEL JOAN NAFTEL ARLEEN SOL 17. INFORMANT MR. SOL APPEADDRESS Mas DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. MD (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATEST 11609 TERRY TOWN DR. #21136 REISTERSTOW 214-90-0817 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries with complications DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E, WRITING THE WORD "
RWARDED TO THE CHIEF
PAGE 3 SHOULD BE USE
STATE DEPARTMENT OF 1 YES NO K IIa EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH 1:15 xx 11-29-19 87 Passenger of auto/auto collision. 71d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. ILLOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK 140 & High Falcon Baltimore, road MD PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BATTIMORE, MARYDAND, 2 Inspection X 22a I certily that I taak charge of the remains described above, held an Autopsy Inquiry and in my opinion Accident X Hamicide Undetermined manner death resulted fram: Notural couses TITLE (SPECIFY) Deputy Chief ACTUAL 12-12-87 SIGNATURE EXAMINER'S NA. Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT ADDRESS 23a BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION BURIAL 12-13-87 CHOFETZ CHAIM CONG ROSEDALE BALTO. MD 07/84 SOL LEVINSON & BROS., INC. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE dia Dander R DHMH - 17 6010 REISTERSTOWN RD. ADDRESSALTO., MD 21215 (VR A15 ME (5))

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76888 DEC 31	87	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND LEALTH AND MENT ICATE OF DEAT		3 7 REG. NO	3	4	3	4 1
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off.	3. SE	Female		4. RACE Whit	e	MONTH	DAY YE	EAR 12	75	YRS.	MONTHS	DAYS	HOURS MIN.
death. Page uneral direct hin 72 hours.		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY		D NEVER MARRI	ED 9 B	Saltimore	COUNT		ATH	
the fee		TY OR TOWN OF DEA	TH	11 NAME OF	HOSPITAL, NURS	ING HOME C	OR OTHER INSTITUTE	ON 12e	USUAL OCCUPATION OF WORK FOR MOST OF A Chinest	WORKING L	IFE) IND	USTRY	F BUSINESS OR
MARYLAND 2120 ed within 24 hours mpletely filled in by and 2 should be fill en by a should be filled in by a should be in the filled in th	USU 13e. :	AL RESIDENCE (# NURS TATE Md.	136 COUNT 136 COUNT Ba.	other institution. Itimore	GIVE RESIDENCE BEFO		13d. INSIDE CITY LIA		461 CHan	tilla			
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BALTIMORE, M. cote be executed speed on compens. Dages Composit, the medicolex.		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC 217-22-		John J.		Chant <b>PP</b> Lt	sa R		212	228
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B  FIG. PHYSICIAN. The law requires that the death certifical attending physician. When the certificate has been signed by the attending phys or the busing from it from please remove corbon poly thank mental thranes prior to busiol, cremation, or remove thank mental thranes prior to busiol, cremation, or remove	CERTIFICATION	Conditions, if any, gave rise to imreause (a), static underlying cause  PART 2. OTHER SIGN  19a. DATE OF OPERA	which nediate ig the last.	DUE TO, OI  (b)  DUE TO, OI  (c)  CONDITIONS CO	ellitu	JENCE OF	NOT RELATED TO THE	time	DISEASE OR COND	20b-11- YE	IVEN IN S	PART I (o	
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BP		Burial, CREMATION,	KEMOVAL	1/4/8	-	t. Ma	EMETERY OR CREM.	ATORY 2	Vilkes-B	arr	COUN	TY	STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	24. F S †	uneral director erTing A	736 shto	Edmond	Son Ave	nue	21228 1	DEC 3	D. BY REGISTRAR	SWREG	IP MA	PENNY	UNE

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STATE OF MARYLAND FOR **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR O DECEASED NAME 20. DATE KNOWN X MONTH 2b HOUR LTYPE OR PRINTI OF ESTI-W. Austin Archer Sr. DEATH MATED 12-25-19 87 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 70 DATE PRONOUNCED Male White 5 1913 Dec. 74 DEAD 1987 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Onio U.S.A. Baltimore City WIDOWED X DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY Baltimore Johns Hopkins Hospital FOR MOST OF WORKING LIFET Steel Worker Steel Co. UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. 5006 E. Eager St. 21205 Baltimore 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME LAST unknown unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) 216-18-9686 Michael Archer (son) same address 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 IO CERTIFICATION INER: THIS CERTIFICATE SHOULD ICATE, WRITING THE WORD "PE, ENGWARDED TO THE CHIEF M. TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEAD AND, 21201 PRIDST TO BURIAL, C. 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 71g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME II LOCATION AT WORK NOT WHILE TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDEI TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BAUTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.1 CITY OR TOWN STATE Inspection X Angrae of the remains described above, held on 220. I certify that Autapsy and in my apinian death resulted f Undetermined manner

07/84

DHMH - 17 (VR A15 ME (5))

SCHEMUNER OF UNERAL HOME, INC.

ACTUAL

SIGNATURE EXAMINER'S NAME

(TYPE OR PRINT)

BURIAL

230 BURIAL CREMATION REMOVAL 236 DATE

12/29/87

Charles P. KOkes, M.D.

BALTO. MD.

Gardens of Faith 3331 BREHMS LANE

73c. NAME OF CEMETERY OR CREMATORY

23d LOCATION Baltimore

Assistant MEDICAL EXAMINER

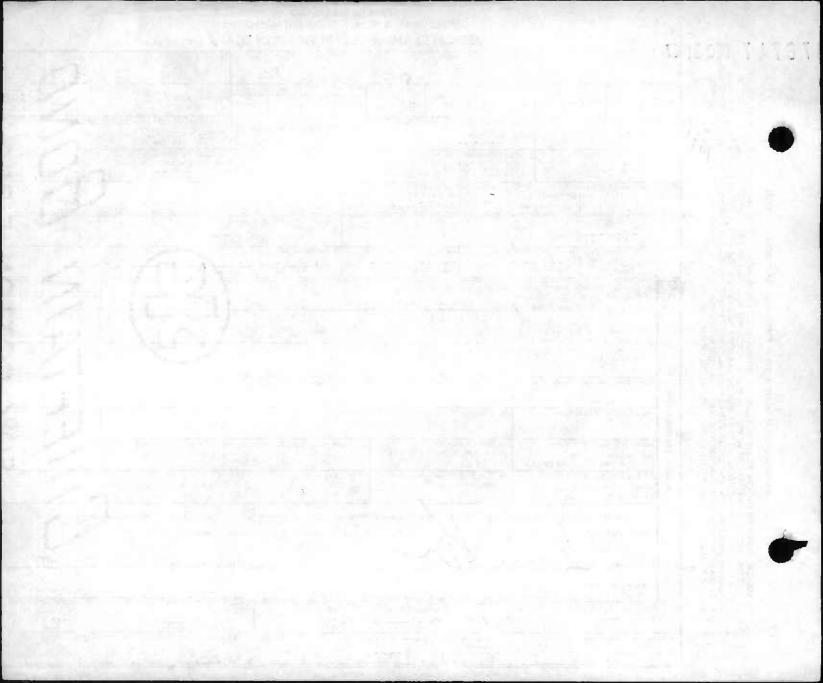
TITLE (SPECIFY)

STATE Md.

DATE SIGNED 12-26-87

25a. DATE, REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE ULU

ADDRESS 111 Penn Street Baltimore MD 21201



STATE OF MARYLAND	
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REG. NO	1	
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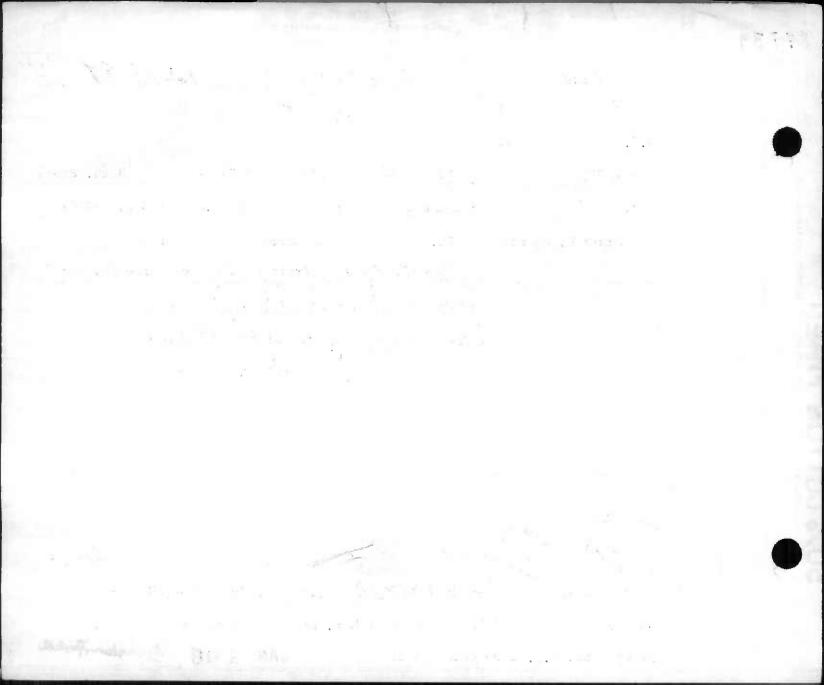
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ge 4 moy be ector page 3		CEASED NAME FIRST OR PRINT) ELMER	I. RACE	ARM S. DATE C	ISTEA) FBIRTH  194 35-	20 DATE OF DEATH	YRS.	PAR 26 HOURS MIN.
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MARY maplete examination of the control of the cont		Elmer L. A			th Cass:	ie A	rmstead	LAST
BALTIMORE.		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	war or dates) 21230	9528	Stacey Armst	ead 2107 No		
ST., ertifie on p on p remo		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	DUE TO, O A3 A CONSE	ble /	enticular!	John Et	a -	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
D1 W. PR		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC		Miar de	ug use	7 7	
	ATION	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING			1200 AUTOPSY?	DITION GIVEN IN	PART Iro
AL REC	CERTIFICATION			ien or Ekano		YES NO#	IN CERTIFYING YES	CAUSES OF DEATH?
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low resit cattending physicion. After this certificate has been as as the burnot-transit permit. Ther th and Mental Hygiene prior to b acked or Item 18 shaws ony injur	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OI	PART 2)
DIVISION DING PHY or attending After this is as the bu oith and M marked or	MEC	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY OFFI	CE, FARM, ETC )	STREET	CITY OR TO	WN CC	DUNTY STATE
ATTENDIF	1	27s.) with the (I) (this hospit saw the decaded alive on obove. (I) (why did) (did not			nd that in (my) (our) apinion	death occurred on the d		from the couses stated
t OR the horter tocher bep		22h SIGNATURE	Chono			MEDICAL STA		12/28/87
TO HOSPITAL retoined by the TO FUNERAL should be detained with the State IMPORTANT.		PAUL	Schw	AVEM	220 ADDRESS 680 4	Park He	ght A	e
PP		BURIAL, CREMATION, REMOVAL	12/31/87		s Mem. Park	Arbutus	J	Md.

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR Estep Bros. F.H. 1300 Eutaw Place (VRA 15, 4)

Arbutus Mem. Park JAN 4 138

Md.



deoth. Page 4 may be

FOR

DEC

the funeral director, page 3 d within 72 hours after death

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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7	3	4	3	4	1
REG. NO.	97		-		

03	STATE PEGISTRAR				CERTIF	ICATE OF DEA	ATH	8 7 PEG I	10 3	4 5	4 4
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3. SE:	×	71011	RACE	<u> </u>	5. DATE C	OF BIRTH	~	A. AGE (IN YEARS LAST B		IF UNDER LYEAR	IF UNDER 24 HRS
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70 RI	IRTHPLACE   STATE OR F	ORLICAL 7	CITIZEN OF	WHAT COUNTRY?	-	7,7,1	7.1	9 BALTIMORE CITY	YRS.	DEDEATH	
	COUNTRY) MD,	OKEIGN	() . S	S. A.	MARRIE	D NEVER MA	RRIED .	RAL7	0 · 6	iTH	MD.
10. C	ITY OR TOWN OF DEA	TH I		HOSPITAL, NURSIN	IG HOME C		UTION	120. USUAL OCCUPA			OF BUSINESS OR
4	BALTO.		2814	Dihha	J 5	T.		DISABL	ED		
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14 FA	ATHER'S NAME			P.1010		15. MOTHER'S M	AIDEN NAM	1E			
	THOMAS		DDLE /	ARTHUR	SR.	Mi	AR GAR	ZET MIDDLE		HEI	er
	WAS DECEASED EVER			166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDI	RESS		
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	18 CAUSE OF DEATH	H (Enter only	one couse per BY:	line for (o), (b), on	dicity					BETWEEN	ONSET AND DEATH
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	Candisian if an	. Et al	DUE TO, O	R AS A CONSEOU	ENCE OF	n.18.	ner -	-1.UA -			
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CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	PÍON FOR WHICH	OPERATIO	N WAS PERFORM	NED /	200 AUTOPSY?	IN CERTIF	S, WERE FINDIF YING CAUSES S	
	210. ACCIDENT WAS UND		21b. TIME O		AY YEAR	21c. HOW INJU	RY OCCURRE	ED (ENTER NATURE OF INJ	IURY IN ITEM 18 P	ART T OR PART 2)	THE L
SAL	(IF EITHER, NOTIFY MEDIC		P.,	M.	19	A Sept 1					
MEDICAL	21d. INJURY OCCURE		21e. PLACE	OF INJURY	FARM, ETC )	211 LOCATION STREET		CITY OR T	OWN	COUNTY	STATE
~	AT WORK AT WOL								7 - 1		
	22a. I certify that (I) saw the decease		al) oftended the	e deceased from_	14	25 mul (mul) (or	19.20	eoth occurred on the	data and have	- /	that (I) (wee) last
	above, (1) (we) (c	hid) (did not)	view the body	ofter death.			ж <sub>7</sub> -оринон а	eom occured on me	dote ond nou		
	22b. SIGNATURE	P	41	1/	1.		ENDING		AFF	22c DATE	21/8D
	274 PHYSICIAN'S NA	AME (TYPE OR	PRINTI	10	112	22e ADDRESS	YSICIAN X	DIRECTOR   PHYS	ICIAN []	1/4/	4/8/
	JOSE PA	B.	41185	18 TO 11	11/2	35081	外心方	5+-Bs	Mang.	my	2/224
23a I	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. 1	NAME OF C	EMETERY OR CRE	MATORY	23d. LOCATION		COUNTY	STATE
1	SURIAL	-13	12-23	1-87 5	T. STI	enis LAU	5 CEP	7.	15A	LTO.	170.
24. FI	UNERAL DIRECTOR	TC	Knoth	2829	Wus	SON ST.	DEC	REC'D. BY REGISTRA	R 25b. REGIST	RAR'S SIGNAT	URE
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DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and should be detached for use as the burial-transit permit. Then please remove carban-papers. Page with the State Dept. af Health and Mental Hygiene prior to burial, cremation, or removal.

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

etained by the haspital or attending physician.

injury, or other troumotic event, the

IMPORTANT: If them 21 is morked or them 18 shows ony

VS ES 181 3 0 0 1 1 0

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BALTO DORESS MD

JAN. SOL LEVINSON & BROS.,

BNAI ISRAEL

21215

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH 26 HOUR 6 AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH 126. K ND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE AT HOME APT. 3-I 13e STREET ADDRESS / ZIP CODE #21215 6503 PARWHTS. AVE. MIDDLE RTVA UNKNOWN SEYMOUR ETELSON APT. 4-C 21215 BALTO., MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MONTHS 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 CITY OF TOWN COUNTY STATE that (I)(we) last ., and that in (ny)(our) opinion death accurred on the date and have and from the causes stated 22c DATE SIGNED STAFF DIRECTOR PHYSICIAN

BALTIMORE

250. DATE REC'D, 8Y REGISTRAR 25b REGISTRAR'S SIGNATUR

COUNTY MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

BURIAL

24. FUNERAL DIRECTOR

6010 REISTERSTOWN RD.

077486 JAN +758

REGISTRAR 1. DECEASED NAME

Brown Block Block Brown To the liverals of the second A problem of the problem of the second The second statement of the se 

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NE	8	REG. I	NO.	3	4	3	4	7
G	DATE OF	DEATH	MONTH	DA	Y	YEAR	2h HOUI	R
		/	2	7	9	X	10	A

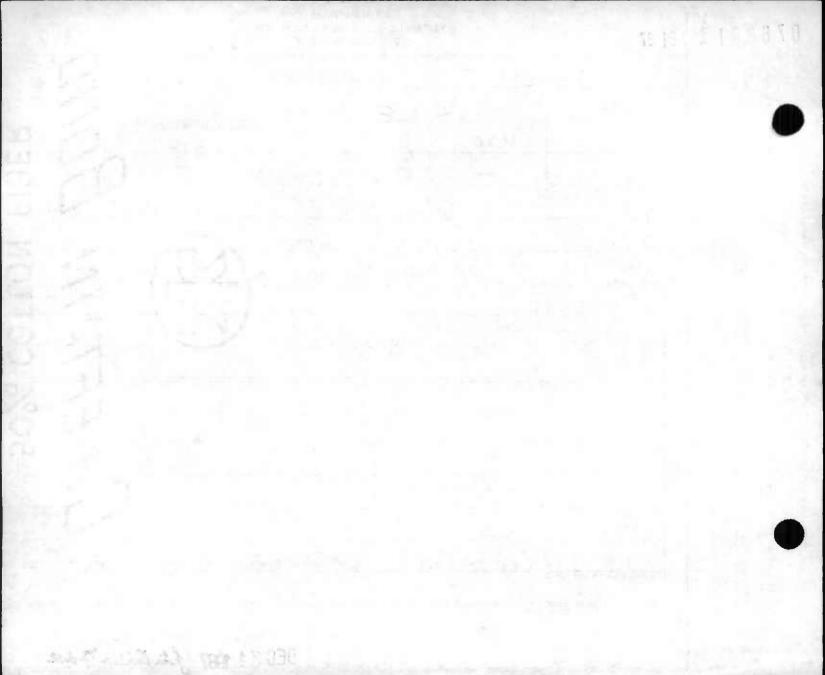
76881 DE	B-	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  8 AGG. NO. 3 4 3 4 7
nay be page 3 er deoth	(TYPE	ECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR PEOR PRINT) JAMES J. ASHWORTH 12 29 87 10 AM
Page 4 madirector prohous after p	3. SE	Male Black 8 29 43 44 YRS MONTHS DATS HOURS MIR.
Jun 72		BIRTHPLACE (STATE OF FOREIGN COUNTRY)   8 MARRIED   NEVER MARRIED   9 BALTIMORE CITY OR COUNTRY OF DEATH   12 MARRIED   12 MARRIED   12 MARRIED   12 MARRIED   13 MARRIED   14 MARRIED   15 MARRIED   16 MARRIED   17 MARRIED   17 MARRIED   18
hours after a sin by the full be filed with		BALTMORE IF NOT IN SUPER FACILITY, GIVE STREET ADDRESS) SCOTT KEY! DISQ 60 WORK FOR MOST OF WORK FOR WORK FOR WORK FOR MOST OF WORK FOR W
hin 24 should should	130 3	STATE  13b. COUNTY  13c. CITY OR TOWN  13d. INSIDE CITY LIMITS?  13e. STREET ADDRESS / ZIP CODE  1217 Urban Way 21224  ATHER'S NAME
complete		Julius MIDDLE Ashworth Hattie MIDDLE LAST  WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
te be execution on the section of th		(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-40-5188 Margaret Graves 1217 Urban Way  18 CAUSE OF DEATH   Enter only one cause per line for 101, (b), and (c))  18 CAUSE OF DEATH   Enter only one cause per line for 101, (b), and (c))
ires that the death ce gaed by the attendin n please remove carb bunal, cremation, or ry, or other traumatic	E ST	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
on.  hos been signe t permit. Then p ene prior to bu ows any injury.	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO NO
G PHYSICIAN: The other of the certificate has the buriol-tronsit pond Mental Hygien ked or item 18 show	MEDICAL CER	216. ACCIDENT WAS UNDERLYING
R ATTENDING hospital or o a RECTOR: After seed for use os isp. of Health seem 21 is mark		220 I certify that (1) (this haspital) attended the deceased from
		ALL INVESTIGATION OF THE PROPERTY OF THE PROPE
TO HOSPITAL OI retoined by the TO FUNERAL DI should be detach with the Stote De IMPORTANT. If it		22d. PHYSICIAN'S NAME (TYPE OR PRINT)  22e. ADDRESS  TO PHYSICIAN DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

E. NORTH AVENUE MARCH F/H, INC. 1101

DEC 31 1987 Juli Kinden Broken



STATE OF MARYLAND

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4	2.3	4	
	40,000		

0.50		STATE REGISTRAR		CERTIF	ICATE OF DEATH	8 7 REG. N	. 3 4	3 4	Ö		
DEC F	DE	OR PRINT)	MIDDLE	_	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR		
		Erm	a		Asquith	12-17-19	987	1	2:20 %		
3	3. SEX		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UN		UNDER 24 HRS		
	pa	Female	White	Sep	£. 12, 1900	87	YRS.		MIC.		
			76. CITIZEN OF WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF	DEATH	10		
A Company		glen,Pa.	U.S.	WIDOWE	DIVORCED	Baltimore	e City		MD.		
P		altimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, Wesley Home	G HOME ( ADDRESS) Inc		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C Nursit	F WORKING LIFE) IN	NE KIND OF B	USINESS OR		
	13a. S	MD.	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ITY I34 CITY OR TOWN Baltime	admission) N Dre		13. STREET ADDRESS 2211 W.	zip code rogers	Ave.	(09)		
1	4. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAST			
Y		John G	Rudy		Elizabeth	М.		well			
dies		VAS DECEASED EVER IN U.S. ARI (ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRI					
1	N	Ю	215-24-	-2698	Wesley Ho	ome INC.	2211 W.	Roge APPROXIMAT BETWEEN ONS			
ury, ar ather traumatic ev	7	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DBY. E CAUSE (0)  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO E	NCE OF			DITION GIVEN II	N PART 100			
init	ATIO	Delization	196. CONDITION FOR WHICH	OPERATIO	NI WAS DEDECTRATED	20a AUTOPSY?	20b. IF YES, WE	PE EINDINGS	LISED		
hows or	CERTIFICATION			OFERATIO		YES NO	IN CERTIFYING	CAUSES OF			
Tem 18 s		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)			
marked ar	MEDICAL	21d INJURY OCCURRED  WHILE ON WHILE OF AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F)	ARM, ETC )	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE		
Si [		220.1 certify that (I) (this baspital) attended the deceased from 19 57, to 19 57, to 19 57, that (I) (we) last saw the deceased alive an 19 57, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.									
Hem		22b. SIGNATURE	20-1		DEGREE			22c. DATE SIG	ENED		
		Kohert	show !	MD.	ATTENDING PHYSICIAN	MEDICAL STA	IAN 🗌	12/1	7/27		
IMPORTANT: If Item 2		RUBERT T.	LIBERTO, W	D.	22e. ADDRESS		3 3	/			
≥		urial, cremation, removal Burial			EMETERY OR CREMATORY Ridge Cemetery	Pikesvil	le, Bal	to. Co.	Md.		
7/84		JNERAL DIRECTOR			25a. DATI	E REC'D. BY REGISTRAR	25b. REGISTRAR	SSIGNATURE			
, / 04		Burgee-Henss Fu	neral Home, 3531	Fall	s Rd 21211 DE	C 1 8 1987	Alia D	widson. L	andres		

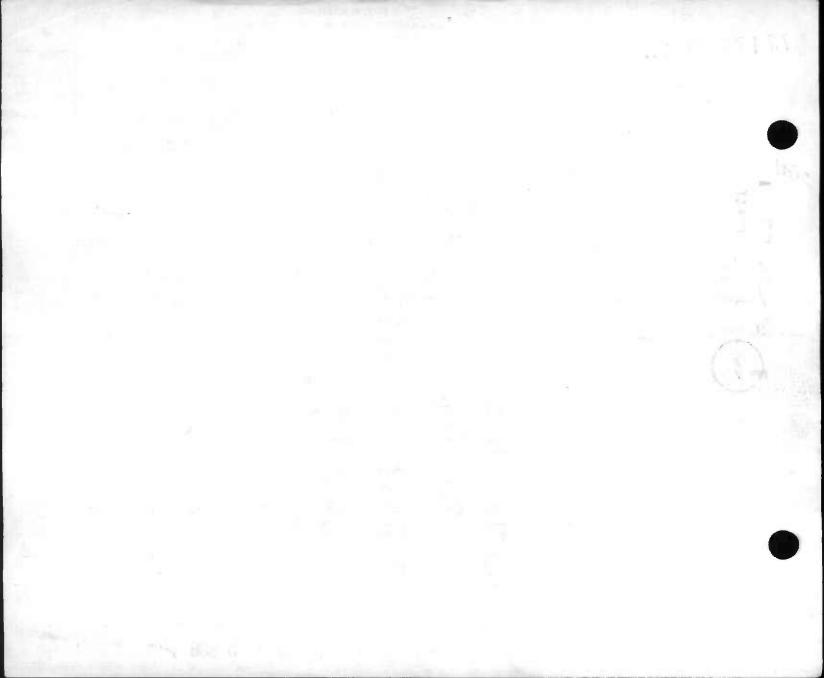
DHMH - 16 60M 7/84 (VRA 15, 4)

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O FUNERAL DIRECTOR: shauld be detached far with the State Dept. of MPORTANT: If Ite

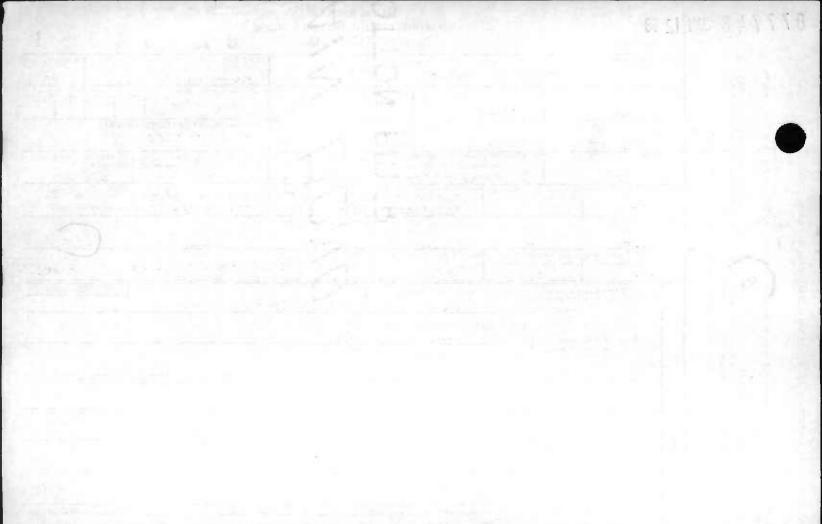
ene priar ta burial, cre

24 FUNERAL DIRECTOR



DHMH - 16 60M 7/84 (VRA 15, 4)

7746 JAN	12	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	IENE B REG. NO	. 3	1 3	5
K-IIII		CEASED NAME	FIRST		WIDDLE	ı	AST	2a. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
y be ge 3 death			Claret	tha	Sharonda	Z.	ltkinson	December	23 1:	987	5:22A
ge 4 may be ector, page rs after deat	3. SE	x female	4.	RACE Blac	'k	5. DATE C		6 AGE (IN YEARS LAST BIRTI	YRS.	DER TYEAR	HOURS MI
deoth. Page uneral direct in 72 hours at once.		RTHPLACE (STATE OR COUNTRY)  USA MD	FOREIGN 171	b. CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED X	Baltimore City of Baltimore		EATH	,
by the furfilled with	10. C	TY OR TOWN OF DEA	ATH 1	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	PROTHERINSTITUTION  ! Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		b. KIND OF IDUSTRY  n/a	BUSINESS
filled in ould be imast be	13a S	AL RESIDENCE (IF NURS STATE Md	136 COUNT	THER INSTITUTION.	GIVE RESIDENCE BEFORE  130. CITY OR TOW  Baltin	'N	134. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 311 Monik		apt	21217 906
ted within ond 2 sh	14. FA	ATHER'S NAME FIRST Bruce		IDDLE	Atkinsor	)	15. MOTHER'S MAIDEN NA/ FIRST Jan			pair .	cks/
the medical		NAS DECEASED EVER YES, NO OR UNKNOWN) n/a	(IF YES, GIVE Y	ED FORCES? WAR OR DATES) 1/a	166 SOCIAL SECU	IRITY NO.	Medical Reco		ent 827		en Ave
of the deaf		Conditions, if ony gove rise to im- couse (a), statu- underlying cause	mediate ng the	(b)_	R AS A CONSEQUE R AS A CONSEQUE	Premat	urity				
requires that	ATION	gove rise to im- couse (a), statu underlying cause	mediate ng the e last. NIFICANT CC	DUE TO, OI	Severe I	Premate	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR COND	20b. IF YES, WE	RE FINDIN	GS USED
low require: os been signe sermit. Then p pe priar ta bu ws any injury,	TIFICATION	gove rise to improve (b), static underlying cause	mediate ng the e last. NIFICANT CC	DUE TO, OI	Severe I	Premate	NOT RELATED TO THE TERM			RE FINDIN	GS USED
N: The law require: ysicion. crate hos been signe fromst permit. Then p Hygiene prior to bun 8 shows any injury.	CAL CERTIFICATION	gove rise to improve (b), static underlying cause	mediate ng the e last.  NIFICANT CO	(b)	Severe 1  R AS A CONSEQUE  ONTRIBUTING TO I  ITION FOR WHICH  OF INJURY  M. MONTH DA	Prematio	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURE	200 AUTOPSY?  YES NO	206. IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES	GS USED OF DEATH?
HYSICIAN: The low requires riding physicion.  is certificate hos been signs burial-tronsit permit. Then F I Mental Hygiene prior to burial to burial shows any injury.	MEDICAL CERTIFICATION	gove rise to imicouse (o), stotiu underlying couse  PART 2 OTHER SIGI  19a DATE OF OPERA  21a, ACCIDENT WAS UN OR CONTRIBUTING [ (IF EITHER, NOTIFY MED 21d, IN JURY OCCUR MAI WORK   NOTIFY ALL	mediate ng the e lost.  NIFICANT CO  ATION  IDERLYING  CAUSE OF DEATH ICAL EXAMINER)  TRED  HILE  DRK	DUE TO, OI  CO  DODITIONS CO  196. CONDITIONS CO  196. CONDITIONS A.  HOUR A.  216. PLACE- (ATHOME.STR	Severe 1  R AS A CONSEQUE  ONTRIBUTING TO E  ITION FOR WHICH  OF INJURY M. MONTH DA  OF INJURY  OF INJURY  REET, FACTORY, OFFICE, F	Premate  Premate  Premate  Premate  Premate  OPERATIO  AY YEAR  19	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURE  211 LOCATION STREET	200 AUTOPSY?  YES NOTER NATURE OF INJUR  CITY OR TOV	20b. IF YES, WE IN CERTIFYING YES YES YES YES TO THE TENTE OF T	RE FIND IN CAUSES ( DR PART 21	GS USED DF DEATH? NO
ATTENDING PHYSICIAN: The law requires responsible to attending physicion.  CTOR: After this certificate so been significate or the burial-transit permit. Then p. of Health and Mental Hygiene prior to buy n. of Health and Mental Hygiene prior to buy n. 21 is marked or Item 18 shows any injury.		gove rise to imicouse (o), static underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERA  21a, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED  21d. IN JURY OCCUR  WHILE ALWORK ALWO  22a.1 certify that (b) saw the decess obove, (M'we) (	mediate mg the e lost.  NIFICANT CO  NIFICAN	DUE TO, OI  CONDITIONS CO  196. CONDITIONS CO  196. CONDITIONS CO  196. CONDITIONS CO  216. TIME O HOUR A. P.  216. PLACE (AT HOME, STR	Severe 1  R AS A CONSEQUE  ONTRIBUTING TO D  ITION FOR WHICH  OF INJURY M. MONTH DA  M.  OF INJURY REEL, FACTORY, OFFICE, F	OPERATIO  OPERATIO  AY YEAR 19  ARM ETC)  Decem 87, or	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURF  21l. LOCATION STREET  TOP: 23 , 19 Dec  nd that in (my) Your) apinion of	280 AUTOPSY?  YES NOTER NATURE OF INJUR  CITY OR TOV	ZOB. IF YES, WE IN CERTIFYING YES  VIN ITEM TB PART I CO	RE FINDING CAUSES ( OUNTY  87, 11	GS USED DF DEATH? NO  STATE  Tho X(X' (we) la ouses stoted
A ATTENDING PHYSICIAN: The law require: hospital or attending physicion. NRECTOR: After this certificate has been significate for use as the burial-transit permit. Then pept. af Health and Mental Hygiene prior to buriem 21 is marked or tem 18 shows any injury.		gove rise to imicouse (o), statium derlying cause PART 2 OTHER SIGI 19a DATE OF OPERA  21a, ACCIDENT WAS UN OR CONTRIBUTING [IF EITHER NOTIFY MED 21d. IN JURY OCCUR WHITE NOTIFY MED 22a. I certify that (b) sow the decess	mediate mg the e lost.  NIFICANT CO  INTION  IDERLYING CAUSE OF DEATH INCALEXAMINER)  PIRE  X (this hospito sed alive on did XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	DUE TO, OI  ONDITIONS CO  196. CONDITIONS CO	Severe 1  R AS A CONSEQUE  ONTRIBUTING TO D  ITION FOR WHICH  OF INJURY M. MONTH DA  M.  OF INJURY REEL, FACTORY, OFFICE, F	OPERATIO  OPERATIO  AY YEAR 19  ARM ETC)  Decem 87, or	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  21l. LOCATION STREET  TOPE 23 19 DECEMBER  TOPE 23 19 DECEMBER  PHYSICIAN PHYSICIAN	280 AUTOPSY?  YES NOTER NATURE OF INJUR  CITY OR TOV	20b. IF YES, WE IN CERTIFYING YES  YES  YIN ITEM IB PART I C	RE FINDIN CAUSES ( DR PART 2)  OUNTY  87, 11  from the c	GS USED DF DEATH? NO  STATE  Tho X(X' (we) la ouses stoted
A ATTENDING PHYSICIAN: The law require: hospital or attending physicion. NRECTOR: After this certificate has been significate for use as the burial-transit permit. Then pept. af Health and Mental Hygiene prior to buriem 21 is marked or tem 18 shows any injury.		gove rise to imicouse (o), storiu underlying cause  PART 2 OTHER SIGI  19a DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING [IF ETHER, NOTHY MED  21d. IN JURY OCCUR WHITE NOT WAS UNDERLY OF THE WORK NOT WE AT WORK  22c. I certify that (b) sow the decess obove, (R'we) ( 22b. SIGNATURE	MEDERLYING CAUSE OF DEATH CALEXAMINER)  RRED  (Alticolor and Color	DUE TO, OI  ONDITIONS CO  196. CONDITIONS CO  196. CONDITIONS CO  196. CONDITIONS CO  216. TIME O HOUR A. P.  21e. PLACE (AT HOME. STR  Decemb view the body  PRINT)	R AS A CONSEQUE  ONTRIBUTING TO D  ITION FOR WHICH  OF INJURY M. MONTH DA  M.  OF INJURY REEL, FACTORY, OFFICE, F  Lee deceased from Lee 23 19 ofter death.	OPERATIO  OPERATIO  AY YEAR 19  ARM ETC)  Decem 87, or	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURF  21l. LOCATION STREET  TOPE 23, 19 Decound that in (my) Your) apinion of the control of the	200 AUTOPSY?  YES NOTER NATURE OF INJUR  CITY OR TOV  TEMBER 23  death occurred on the do  MEDICAL STAF  DIRECTOR PHYSIC	20b. IF YES, WE IN CERTIFYING YES  YES  YIN ITEM TB. PART LO  VN   Te ond hour and  FIAN	RE FINDING CAUSES (CAUSES COUNTY)  87, 11  from the county Cause Date Section 22/	GS USED DF DEATH? NO  STATE  ho X(X (we) le  ouses stoted
OR ATTENDING PHYSICIAN: The law requires to hospital or attending physicion. DIRECTOR: After this certificate hos been significant for use as the burial-transit permit. Then popts at Health and Mental Hygiene priar to burial them 21 is marked or Item 18 shows any injury, if Item 21 is marked or Item 18 shows any injury.	WEDICAL 230. (	gove rise to imicouse (o), storiu underlying cause  PART 2 OTHER SIGI  19a DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING [IF ETHER, NOTHY MED  21d. IN JURY OCCUR WHITE NOT WAS UNDERLY OF THE WORK NOT WE AT WORK  22c. I certify that (b) sow the decess obove, (R'we) ( 22b. SIGNATURE	mediate mg the e lost.  NIFICANT CO  ATION  DERLYING CAUSE OF DEATH CALL EXAMINER)  TREED  HILE CAUSE OF DEATH CALL EXAMINER)  AME (TYPE OR II	DUE TO, OI  ONDITIONS CO  196. CONDITIONS CO	Severe 1  R AS A CONSEQUE  THOM FOR WHICH  THO	OPERATIO  OPERATIO  AY YEAR  19  ARM ETC.)  Decem  87, or	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURF  21l. LOCATION STREET  TOPE 23, 19 Decound that in (my) Your) apinion of the control of the	200 AUTOPSY?  YES NOTE  RED (ENTER NATURE OF INJUR  CITY OR TOV  CEMBER 23  death occurred on the do	20b. IF YES, WE IN CERTIFYING YES  YES  YES  YES  YES  YES  YES  YES	RE FINDING CAUSES (CAUSES COUNTY)  87, 11  from the county Cause Date Section 22/	GS USED DF DEATH? NO  STATE  ho X(X (we) le  ouses stoted



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March F/H Wilmer Windies DE THE

75090 DEC	5	FOR STATE EGISTRAR			DEPAR	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	7 REG. N	. 3	4	3	5 3
at the		CEASED NAME	tella		MIDDLE		ailev	2a DATE	OF DEATH	nonth 12)	8	187	1 Am
Aou de la	1 SE			RACE	•	5. DATE C		6 AGE	IN YEARS LAST BIR	THDAY)	IF UND	ERIYEAR	IF UNDER 24 HRS
10 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	-	female	1	bla	ck	6 MONTH	28 16	7		YRS	MONTHS	DAYS	HOURS MIN.
4 5 4 5 A		RTHPLACE (STATE OR FO	DREIGN 76	CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	D NEVER MARRIED		AORE CITY C	_		EATH	
	1000	B.W.I.		US	A NUMBER	WIDOWE	DIVORCED DIVORCED		Itimor			W 10 01	MD
4 44	4	Baltimore	"  "	(IF NOT IN SUC	ty Medic	T ADDRESS)			etired		LIFE) IN	DUSTRY	BUSINESS OR
24 hours		AL RESIDENCE (IF NURSII STATE Md.	NG HOME OR OTH		136. CITY OR TO	WN	13d INSIDE CITY LIMITS? YES [X] NO []	13. STREE	T ADDRESS	zip cou t St.	DE	2123	0
	14. F/	ATHER'S NAME	MID		h a l l ast		15. MOTHER'S MAIDENN. Audr'iede	AME	MIDDLE			LAST	
	144.3	VAS DECEASED EVER I	NIIS ADAAE		aballero	LIPITY NO	Audr Tede		ADDR	ESS			
		YES, NO ON UNKNOWN)	(IF YES GIVE W		577-76-7		Jenifer Bail	ey	4415		ck L	ane	
		18 CAUSE OF DEATH PART I. DEATH WA		BY:			c-accide	nt.	Reco	מחמי			MATE INTERVAL INSET AND DEATH
hat the death or by the attendant are remove calls I, cremation, and other traumatic		Conditions, if ony, gove rise to imm couse tol, stating underlying couse	ediote	(b)_	R AS A CONSEQ	70 S	eleratic 1	950	لأصلا	disc	30CC	Me	in 455
Society of the plant of the pla	z	PART 2 OTHER SIGN	IFICANT CO		ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISE	ASE OR CON	IDITION G	IVEN IN	PART IIo	
the faw re-	CERTIFICATION	190. DATE OF OPERAT	ION	19b. COMD	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AL	JTOPSY?	IN CERT		RE FINDIN CAUSES	GS USED OF DEATH?
OF VIII GELAN, T g physic and thomas mail Hyg Irm 18 th		210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH		OF INJURY .M. MONTH .M.	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER	NATURE OF INJU	JRY IN ITEM 18	PART I Q	R PART 2)	
VISION OF PHYS or this ond Mi	MEDICAL	21d. INJURY OCCURR	LE 🗀		OF INJURY REET, FACTORY OFFICE	FARM, ETC }	211 LOCATION STREET		CITY OR TO	OWN	C	OUNTY	STATE
TENDON phial or TOR At- to use or of Health		22a. I certify that (f) the decease above, (f) (we) (d	this hospital		19		nd that in (my) (our) opinion	6, to	rred on the d	lote and ha	. 19		hot (I) (we) lost couses stated
TAL OF A The hose TAL DIRECT detached detached of Dept		22b. SIGNATURE Drocky	11	Ma	cem		DEGREE ATTENDING PHYSICIAN		OR PHYSI	CIAN			11/7
HOSPI Direct by O FUNE The Standard be		AMATU			EEM		501 Do phi	nstr	est, B	elte,	m	ク	

DHMH - 16 60M 7/B4 (VRA 15, 4)

23b. DATE 12/12/87 230. BURIAL, CREMATION, REMOVAL Cremation

23c NAME OF CEMETERY OR CREMATORY Westview Mem. Pk.

Cationsville, Md.

STATE

24 FUNERAL DIRECTOR Wm. c. March F/H West 4300 Waßbash Avenue 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



filled in by the funeral director, page 3 and befilled within 72 hours ofter death

thicate be executed within 24 haurs ofter death

## STATE OF MARYLAND

EPART	MENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE 8	REG. I	, 10.	3 . 4	1 3	5	4
	AST	20. DATE OF	DEATH	MONTH	DAY	YEAR	26. HOUR	

Į į	FOR STATE REGISTRAR	DEPARTA		ALTH AND MENTAL HYC	GIENE 8 FG N	3 .	4 3	5 4
1. D	PECE ASED NAME FINE PROPERTY OF CONTROL OF C	MIDDLE (A)	Bake	<i>c</i>	20. DATE OF DEATH	2 - 87		26. HOUR 449 PM
70.	Female BIRTHPLACE ISTATE OR FOREIGN 78	3/2 ck. CITIZEN OF WHAT COUNTRY?	S. DATE OF I	32 87	6 AGE LIN YEARS LAST BIR 9 BALTIMORE CLTY O	TRS		HOURS 56
10.	CITY OR TOWN OF DEATH	MAME OF HOSPITAL, NURSIN	WIDOWED G		120 USUAL OCCUPATION OF OF WORK FOR MOST CO		12b. KIND OF INDUSTRY	MD. BUSINESS OR
13n	UAL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE BEFORE Y 13. CITY OR TOW	N 113	Bd. INSIDE CITY LIMITS? YES NO	13 CSTREET ADDRESS	ZIP CODE	59 6	20621
0		DDLE LAST		Becaire	MIDDLE ADDRE	Ó	Re Ker	
160	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE Y	ED FORCES? 166 SOCIAL SECU	RITY NO.	7 INFORMANT	ADDRI	:55		ATE INTERVAL
NOI	Conditions, if ony, which gove rise to immediate cause (a), stoling the underlying couse last  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	NCE OF	OT RELATED TO THE TERM	ainal disease or con		97.13	
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION '	WAS PERFORMED	200 AUTOPSY?		VERE FINDING NG CAUSES C	
MEDICAL CE	OR CONTRIBUTING CALIFE OF DEATH	P.M.	YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
MED	21d INJURY OCCURRED  WHITE NOT WHITE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F		STREET	CITY OR TO	WN	COUNTY	STATE
(	22a. I certify that (this hospital saw the deceased alive an above, (1) (we) toid) (did not)	10 -00 / 198	7 , ond	that in (my) (our) apinion	death occurred on the d			not (I) (we) lost ouses stated
-	Sudila	Ta no		GREE ATTENDING PHYSICIAN	MEDICAL STA	FF Clan []	220 DATE S	16NED 1-87
	220 PHYSICIAN'S NAME (TYPE OR	1 Fox		4940 Eq.	tern Ox			
	BURIAL, CREMATION, REMOVAL (SPECIFY)  rematem	2.3335	SKM C	METERY OR CREMATORY	23d LOCATION CITY OF TOWN BOLL.	Hd.	OUNTY	STATE
24	FUNERAL DIRECTOR	tern the Balt.	Ma 21:	25a. DA	TE REC'D. BY REGISTRAR 1 1 3 1988	10. REGISTAA	is signific	RELAR

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this centricate has been significated be detached for use as the burial-transit permit. Then plant the Stote Dept. of Health and Mental Hygiene prior to buri

TO HOSPITAL OF ATTEN

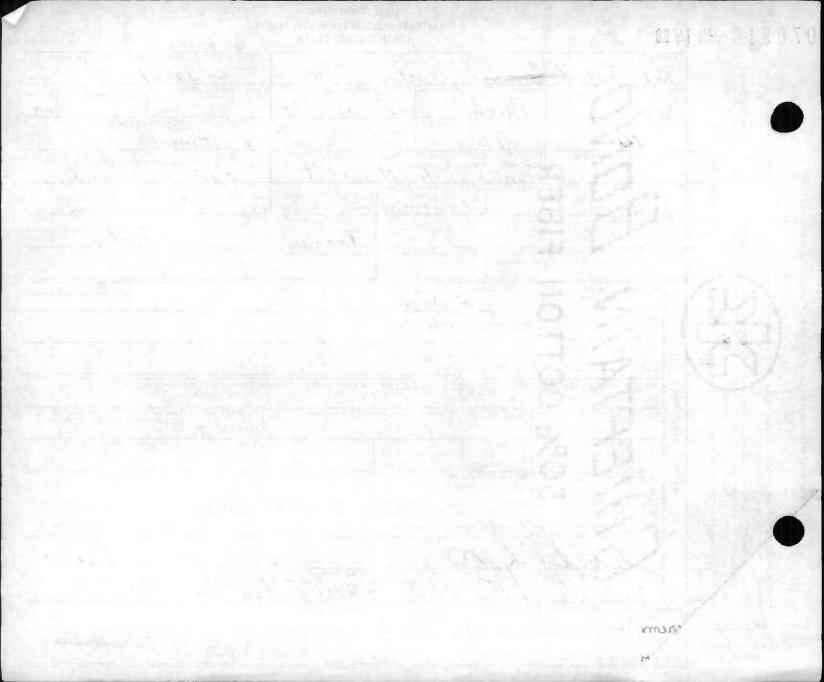
BP.

IMPORTANT: If Item 21 is marked or Item 18 sha-s any

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DIVISION OF VITAL RECORDS, 201 W.
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8318 JAN	4	STATE LENE	DEP		ALTH AND MENTAL HY CATE OF DEATH	GIENE REG. NO	3 4 3	5 5
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The P m	3. SI	7	RACE /	5. DATE OF	DAY YEAR 7	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS	HOURS MIN.
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rs offer		//	1. NAME OF HOSPITAL, NU HENOT IN SUCH EACILITY GIVE	STREET ADDRESS)	dical Ct	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		F BUSINESS OR
24 hou		JAL RESIDENCE (IE NURSING HOME OR OT STATE 134 COUNTY	THER INSTITUTION, GIVE RESIDENCE Y 130 CITY OR		3d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	2062
d 2 th	19 4	ATHER'S NAME EIRST MIE	DDLE LAS		5. MOTHER'S MAIDEN NA	ME	.D / IAS'	T .
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y in Y	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION	WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDIN	ICS LISED
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SICIAN: The physicic certificate certificate entol-transit tem 18 shu		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR			
	DICAL	(1E EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	21f. LOCATION			
DING PHY or ottendin After this e os the bu	MEDI	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OF	FEICE, EARM, ETC )	STREET	CITY OR TOV	VN COUNTY	STATE
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TTE pito for of th	1	sow the deceased olive on obove, (I) (we) (did) (did not)	view the body ofter death.			deoth occurred on the do	te and hour and from the	
TALOR A by the hospy the hospy the hospy the hosp detoched tote Dept.		276 SIGNATURE	17 m	DI	GREE ATTENDING _	MEDICAL STAF	F 22c. DATE	
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0 a 5 s s s	23o.	BURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP		emation	12-29-87	FSKMC	lar a	Balt. M.	d	
DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR NAME SKMC 4940 East	Kan lah	Balt. Hd	21224 JAN	1 3 1988	Sh REGISTRAN'S SIGNATI	Mass.
(410, 13, 4)			CONTONE !	sau. Hu	1 101111	9		



STATE OF MARYLAND									
DEPARTM	ENT	OF	HE	AL	TH	AND	MENT	AL	HYGIEN
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- STATE REGISTRAR 20 DATE OF DEATH DECEASED NAME MIDDLE 2b. HOUR LEE COLEMAN BAKER DECEMBER 19 1987 03 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 35 BLACK MALE 52 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE STATE OR FOREIGN MARRIED NEVER MARRIED BALTIMORE USA DIVORCED WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 17h KIND OF BUSINESS OR 12a USUAL OCCUPATION CONSTRUCTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE)
DISABLED BALTIMORE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13b. COUNTY 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS / ZIP CODE 1716 E. BARNES NO [ 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME JOHN CATHERINE MIDDLE HENRY JOHNSON BAKER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS RICHMOND. IYES. NO OR UNKNOWN ( IF YES, GIVE WAR OR DATES) IRVING J. **JACKSON** 2303 MAPLEWOOD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY hypotension 30 min IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF gastrointestinal Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOL YES [ NO [ 21b. TIME OF INJURY 21c HOW INJURY OCCURRED 21a, ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER

P.M 19 21e PLACE OF INJURY

211 LOCATION LAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

17-1

DEGREE

ZION

CITY OR TOWN

WOLFE ST. BALTO., MD.

COUNTY STATE

22a. | certify that (1) (this haspital) attended the deceased from saw the deceased alive on 1 "/17
above, (I) (we) (did) (did not) view the body after death

23b. DATE

12/23/87

27 12/19 and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

NOT WHILE

ATTENDING PHYSICIAN 220 ADDRESS 600

CEMETERY

MEDICAL STAFF
DIRECTOR PHYSICIAN

23c. NAME OF CEMETERY OR CREMATORY

ANSDOWNE

STATE

DHMH - 16 60M 7/B4 (VRA 15. 4)

BP

24. FUNERAL DIRECTOR

(SPECIFY)

230. BURIAL, CREMATION, REMOVAL

BURIAL

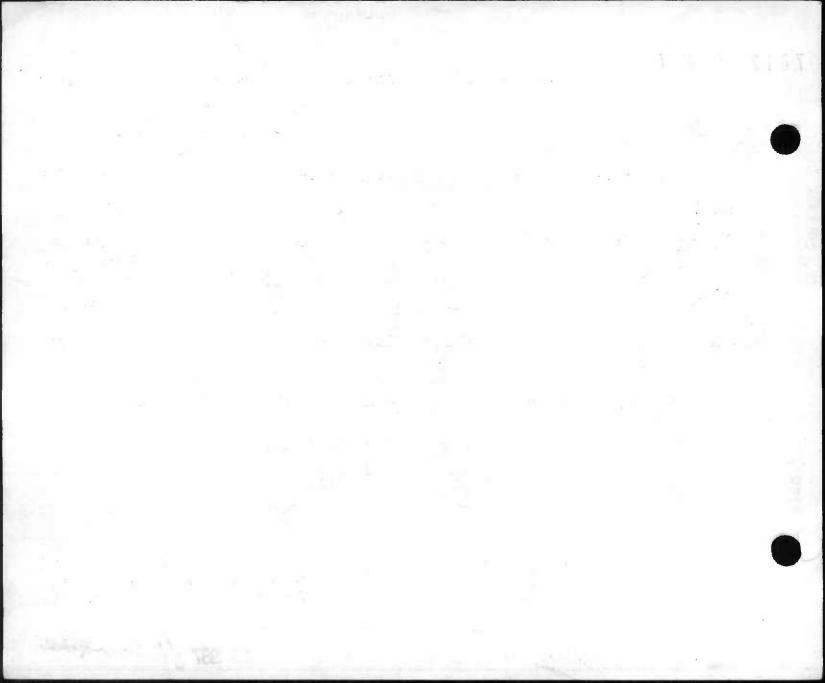
22b. SIGNATURE

21d, INJURY OCCURRED

FOR

1101 E. NORTH AVENUE

250. DATE REC'D. BY REGISTRAR



filled in by the funeral director, page 3 ould be filed within 72 hours after death

injury, ar other traumatic event, the

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carbanpaper with the State Dept. at Health and Mental Hygiene prior to burial, cremation, or remaval. IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, ar other traumatic event, th

ATTENDING PHYSICIAN: The

retained by the haspital TO HOSPITAL

BP

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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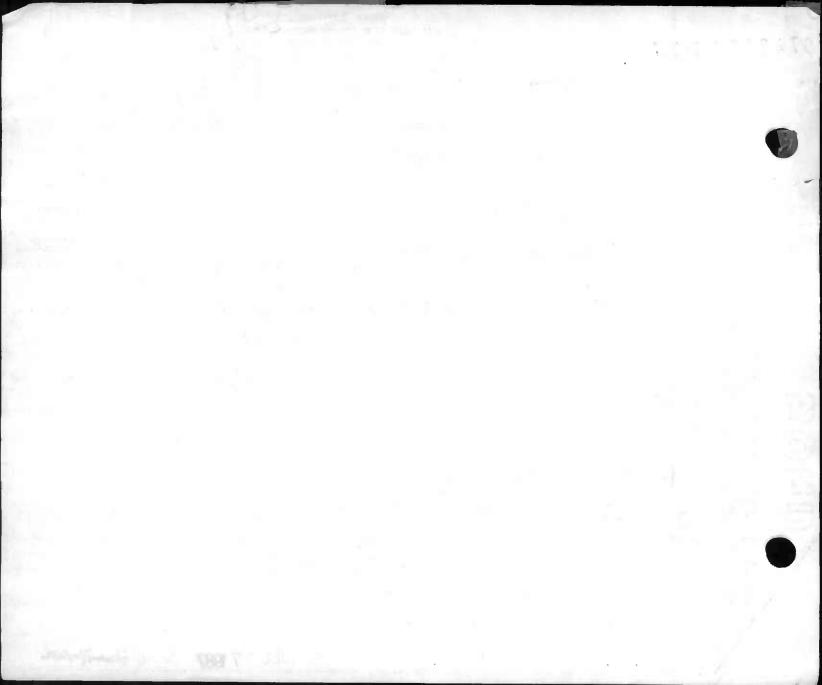
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FOR STATE REGISTRAR			DEPAS	CERTIFI	EALTH AND N		33 7	G. NO.	4 3	5 7	1	
DECEASED NAME	FIRST	٨	AIDDLE	L	AST		20 DATE OF DEAT	TH MONTH	DAY YEAR	26. HOUR	2	
(TYPE OR PRINT)	BABY BO	Y COR	EY	BAKER			DECEMBE	R 3, 19	987	11;1	4PM	
3. SEX	4	RACE		5. DATE O			6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 2	24 HRS	
MALE BL		BLACK		MONTH 6	1 2	YEAR 87		YRS	6 9	HOURS	MIN.	
BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT			WHAT COUNTR	Y? 8.			9. BALTIMORE CI		Y OF DEATH			
MD			A	DI DIVORCED		BALTIMORE CITY MD.						
BALTIMORE	1. NAME OF H	NAME OF HOSPITAL, NURSING HOME OF IT NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  THE JOHNS HOPKINS			OR OTHER INSTITUTION		128. USUAL OCCUPATION 128. KIND OF BUSIN (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY N/A					
USUAL RESIDENCE (# N					and business	TV 11117CO	La CYDEET ADDR	ree				
MD 136 COUNTY			BALTI		134. INSIDE CITY LIMITS? 136. STREET ADDRESS							
4. FATHER'S NAME	- W		LAST	HORL		MAIDEN NAM	ΛE				<u></u>	
FIRST MIDDLE				тър		VERONICA			BAKER			
JAMES  166: WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SC				ARTER VERONICA			A	DDRESS		DAKL	11	
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)			N/	A	ROSLY	N BAKI	MICH 1920 BROOK BIRDEL 2.				202	
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and the same of th	IGNIFICANT CO	ONDITIONS CO	NTRIBUTING T	O DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR	CONDITION G	IVEN IN PART I	0		
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19a. DATE OF OPE	RATION	196 CONDI	TION FOR WHI	FOR WHICH OPERATION WAS PERFORMED U			200 AUTOPSY?	IN CERT	ES, WERE FIND II TIFYING CAUSES YES		H?	
216. ACCIDENT WAS UNDERLYING 216. TIME OF INJU- OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 216. PLACE OF INJU- 1/214. INJURY OCCURRED 216. PLACE OF INJURY OF			M. MONTH	DAY YEAR	21c HOW IN.	JURY OCCURR	ED (ENTER NATURE &	F INJURY IN ITEM 38	3. PART 1 OR PART 2}			
214. INJURY OCCURRED  WHULE NOT WHILE AT WORK AT WORK AT WORK			OF INJURY EET, FACTORY, OFFR	CE, FARM, ETC )	211 LOCATIO STREET				COUNTY	57	TATE	
obave (I)) wi	(I) (this haspite eased alive an infinitial d not	12/3	19	87_, an		. 19 (our) opinion o	Z_, to	the date and he				
776 SIGNATURE	Historian La			DEGREE ATTENDING PHYSICIAN			MEDICAL DIRECTOR PE	STAFF	22c DATE	3/8	7	
226 PHYSICIAN'S	BROA	PRINT)	NT	MD	22e ADDRESS	OHNS	HOPK	INS	HOS1	0,		
23a BURIAL, CREMATIC	N, REMOVAL	23b. DATE		C NAME OF C	EMETERY OR C	REMATORY	234 LOCATION		COUNTY	SI	TATE	
BILD TAT		112/7/	87	FACTU	TE ME	M DV	DIIN				(D)	

MARCH F/H 1101 E. NORTH AVENUE

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR
WM. C. MA



DHMH - 16 60M 7/84

(VRA 15, 4)

22c. DATE SIGNED DIRECTOR PHYSICIANO SAMARITANI HOSPITAL 300D 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION KINGSTON JAMAICA 1/9/88 CEMETERY 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MARCH F/H, IMC. 1101 PERS NORTH AVENUE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

12b. KIND OF BUSINESS OR

Avenue 21239

APPROXIMATE INTERVAL BETWEEN ONSET AND DEA

NO [

STATE

87

IF UNDER 1 YEAR

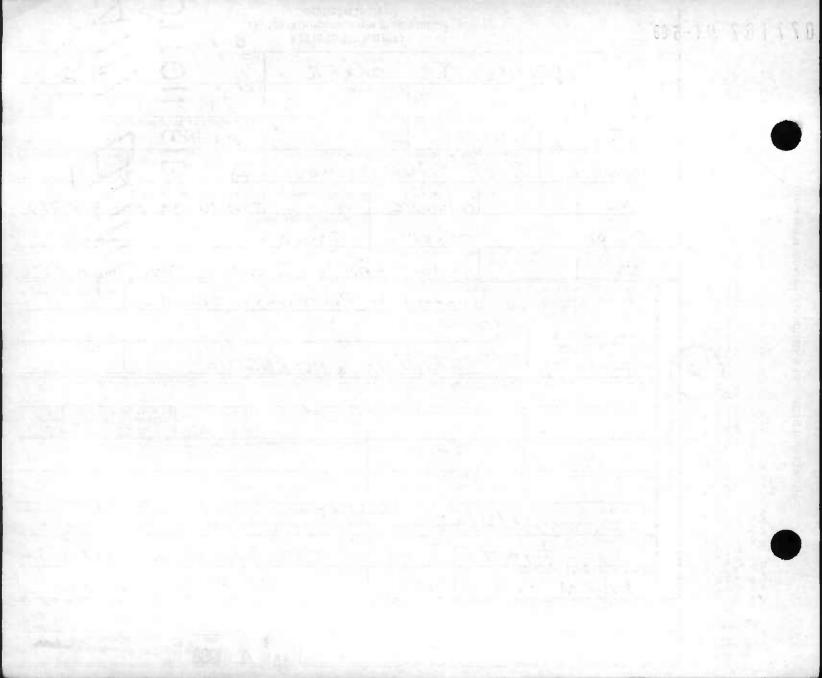
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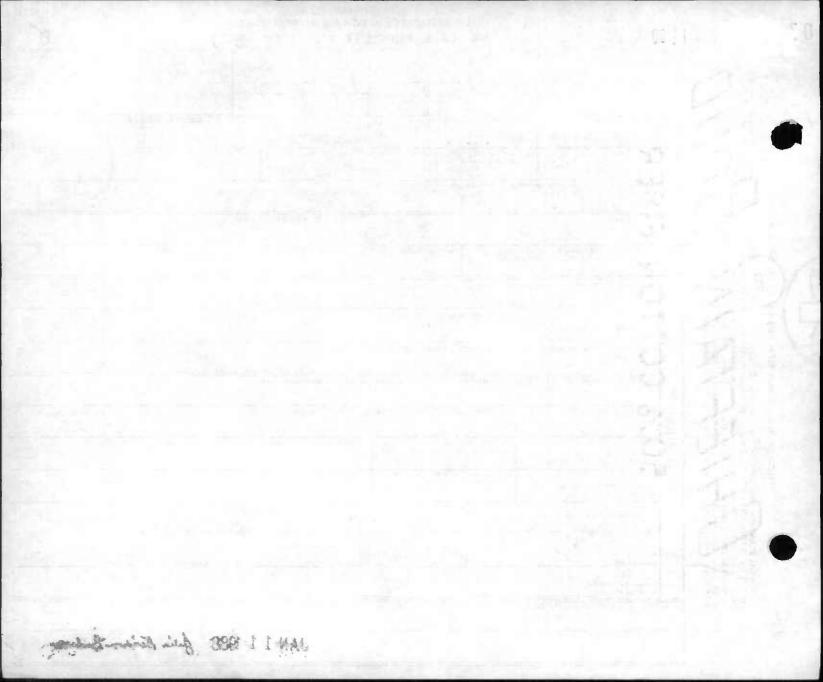
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COUNTY

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	I	tem 23b, G633 11	-19-87 cw		STATE OF MARYLAN	ND				
	1 -	FOR STATE REGISTRAR			NT OF HEALTH AND MI CERTIFICATE OF DE		ENE 7 REG. NO	3	4 3	5 9
172488 NOV L	1 0	LEASED NAME FIRST	MIDDLE	-	LAST		2a. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
noy be poge 3	(	SHAFFEI	R		BALDWI	N SR	NOV.14,1	987		9:44 %
mo)	3. SEX	ζ	4 RACE	5	S. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRT	JHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS. HOURS MIN.
4 000		MALE	BLACK		~11 2°4	27	59	YRS	JA13	NOOKS ALIK
0 1 1 47		RTHPLACE (STATE OR FOREIGN DC	76. CITIZEN OF WHAT CO		MARRIED NEVER MA	ARRIED D	BALTIMO		OF DEATH	MD
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24 hou	13a. S	AL RESIDENCE (IF NURSING HOME STATE 13b. CO	UNTY 13c. CITY	OR TOWN	E YES N	NO 🗌	13e STREET ADDRESS / 511 N. BEL	ZIP CODE	AVENUE	21205
1	14. FA	ATHER'S NAME WILLIAM	B. BA	LAST	15. MOTHER'S A	MAIDEN NAM TTIE	E		ATKIN	ison
# 3 MA		VAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOC	IAL SECURI			ADDRE			
S		YES NO SR UNKNOWN) (IF YES,	227	-20-6	085   MARIA	JOHNSON	1 511 N. BE	LNORD		
KOK rhicote physical mission		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU IMMEDI		spira 1		40 mi <b>a</b>				MINUTES
W PRESTON ST ED DR. F of the death-cent.		Conditions, if ony, which	DUE TO, OR AS A CO	NSEQUEN	CE OF Ce re Liouu	scular	accident		3 40	ears
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NOFVILLA SICIAN: I DA DA SICIAN: I DA		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 1 (IF EITHER NOTIFY MEDICAL EXAMI		NTH DAY	YEAR 19	URY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 P	ART I OR PART 2]	
DIVISION RELE MR. MR. ING PHYSIC T attending as the bius of the bius as the bius the	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTOR		M, ETC ) 211 LOCATION STREET	1	CITY OR TO	WN	COUNTY	STATE
TTENDIN pital or TOR: Af for use of of Health		220 I certify that (I) this has		19 9	, ond that in (my)	our) opinion de	eoth occurred on the do	ote and hou	r and from the	that (I) (we) lost causes stated
ration A yr the hos tal Directory of Directory of Dept.		22b. SIGNATURE	or MV		DEGREE ATT	TENDING HYSICIAN	MEDICAL STAF	F IAN D	22c. DATE	SIGNED 14/b7
HOSPIII bined by FUNER buld be th the St		22d. PHYSICIAN'S NAME (TYP)			22e ADDRESS	HNS,H	OPKINS HO	SPIT	to m	Dznos
BP	23a. B	BURIAL, CREMATION, REMOVA SPECIFY) BURIAL	23b. DATE 11/19/ 11/9/87	-	ME OF CEMETERY OR CR RRISON FORES		OWINGS M	ILLS,	COUNTY	MD <sup>STATE</sup>
DHMH - 16 60M 7/84 : (VRA 15, 4)		NERAL DIRECTOR M. C. MARCH F/	H, INC. 1101	ADDRESS N	ORTH AVENUE	NOV	REC'D. BY REGISTRAR.  1 8 1987		PAR'S SIGNAT	URE



	1	FOR					OF MARYLAND					
76403 DEC 2	318	STATE REGISTRAR			DEPAR		EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	7 REG N	. 3	4 3	6 1
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The po	3. SE	× /		4 RACE	. 1	5. DATE C		6 AGE	( IN YEARS LAST BIR	THDAY)	MONTHS DAY	
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s offer	10. C	IT OR TO WOR OF DE	AIH		CHEAGILITY, GIVE STRE	ET ADDRESS)	tospital	(TYPE OF)	VALOCCUPATION ORK FOR MOST OF	F WORKING L	IFE) INDUSTR	DOF BUSINESS OR
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g physic on pope emovolt	7	PART I. DEATH V	VAS CAUSEI IMMEDIAT	E CAUSE (	ardiac	fail	re -s/p ar	rest				
nding p carbon or rem				_	P AS A CONSEC	HENCE OF						
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tho of b		underlying cous		( (c)								
signe hen p to bury, o	Z	PART 2 OTHER SIG	NIFICANTC	onditions <u>cc</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER/	WINAL DISE	EASE OR CON	DITION GI	VEN IN PART	110
- A 10 - A	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a A	UTOPSY?	20b. IF YE	S, WERE FING	DINGS USED
ws peed w	E							YEST	T NOT	IN CERTI	FYING CAUS	SES OF DEATH?
ICIAN: The g physicion profit of the restrict	GR	210 ACCIDENT WAS UN		216. TIME O		DAW MEAN	21c HOW INJURY OCCUP					
HYSICIAL ding ph is certifi buriol-tr Mental or flem ]	¥	OR CONTRIBUTING			м. моnth м.	DAY YEAR						
166	MEDICAL	214 INJURY OCCUR	RED	21e PLACE	OF INJURY	E SADAL ETC.	211 LOCATION		CITY OR TO	wN	COUNTY	STATE
() = a = b = /	>	AT WORK AT WO							******			
7		22a.l certify that (I saw the decea	(this hospit	al) attended the	e deceased from	Dece	mber 1519 87		ecemb)		6 <sub>9</sub> 87	, that (I) (we) lost
R ATTEN hospitol RECTOR hed for u		sow the deceo	ad olive on .	Decention of the body.	olf Zo <sub>19</sub>	0 / . on	d that in (my) (our) opinion	deoth occ	urred on the d	ate ond ho	ur and from th	he causes stated
0 4 0 00 -		226. SIGNATURE	DO	0/0	$\cap$		DEGREE				22c. DA	ATE SIGNED
		3	~	10	F.		ATTENDING PHYSICIAN	MEDIC DIRECT	OR PHYSIC	TANK!		
HOSPITAL med by the FUNERAL uld be det or the State	1	22d. PHYSICIAN'S N	AME (TYPE OF	PRINT)	- 1/		100 North	cgh I	daspit	al	o+ D	alto. Md
TO HOSPITAL retained by 1 TO FUNERAL should be de- with the State			m no	6.	A+170Y		1			stre	ec D	arto. Mu
	23a	BURIAL, CREMIATION	REMOVAL	23b. DATE	23	NAME OF C	EMETERY OR CREMATORY	23d LC	CITY OF TOWN	11	COUNTY	FATE
BP	74 F	DUCI CL		123	0011	11.1	Juburn CE	TE DECID !	BY REGISTRAR	1000	Tarbic sic:	1270.
DHMH - 16 60M 7/B4 (VRA 15, 4)	6	NAME	C	r11	ADDRESS	Proc	107 ST. "UE	029	2 1007	ZSB REGIS	Par E	
(VRA 13, 4)	7	(10/1)		ugg	7-3	, , 6 3/	0.7 37.	- 61 (	2 1301:	0	- Pro-	



FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

PREG. NO.	3	4	3	6	
* REG. NO.				_	

MALE: RIHPLACE (STATEORF) OUNTRY) Maryland TY OR TOWN OF DEA  altimore LL RESIDENCE (IF NURS)	OREIGN 76.	WHIT CITIZEN OF V  U.S.A  NAME OF H  (IF NOT IN SUCT	WHAT COUNTRY?	5. DATE O	3 YEAR 10	December 2 6 AGE (IN YEARS LAST BIR		R I YEAR IF	4:50F
MALE: RIHPLACE (STATE OR FI OUNTRY) Maryland TY OR TOWN OF DEA  altimore IL RESIDENCE (IF NURS) TATE Aryland	7b. TH 11	U.S.A	PE WHAT COUNTRY?	5. DATE O	of BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER	R 1 YEAR IF	FUNDER 24 H
MALE:  RTHPLACE (STATE OR FI OUNTRY)  Maryland  TY OR TOWN OF DEA  ALLIMOTE  LL RESIDENCE (IF NURS)  TATE  Aryland	OREIGN 76. TH 11	U.S.A	WHAT COUNTRY?	7 nonth	3 YEAR 10	77	MONTHS		
RIPLACE (STATE ORFO OUNTRY)  Maryland  TY OR TOWN OF DEA  altimore  IL RESIDENCE (IF NURS)  TATE  aryland	TH 11	U.S.A.	WHAT COUNTRY?	8				DAYS	HOURS A
OUNIEN)  Maryland  IY OR TOWN OF DEA  Altimore  IL RESIDENCE (IF NURS)  TATE  Aryland	TH 11	U.S.A	A.	8. MARRIED					
Maryland  Y OR TOWN OF DEA  altimore  RESIDENCE (IF NURSI TATE  aryland	NG HOME OR OT	I. NAME OF H		MAKKIEL	D NEVER MARRIED	A RALTIMORE CITY O	R COUNTY OF DE	ATH	
altimore RESIDENCE (IF NURSI TATE Aryland	NG HOME OR OT	(IF NOT IN SUC		WIDOWE		Baltimore	e City		
it residence (if NURSI TATE aryland					OR OTHER INSTITUTION	12a USUAL OCCUPATI		KIND OF B	SUSINESS
it residence (if NURSI TATE aryland		Marula	nd Genera	_	spital	Driver		ustry Lilway	Exp
aryland		HER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)		In STORET ADDRESS			
THED'S NIAME	138 COUNT	AND PERSONAL PROPERTY.	Baltimo		13d. INSIDE CITY LIMITS? YES X NO	130 STREET ADDRESS / 1701 Madis	on Street	212	217
					15. MOTHER'S MAIDEN NAM	ME			
Elmer		A.	Banl	ks	Sophia	WIDDLE	M	liller	r
AS DECEASED EVER			16h SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRE			
es, no or unknown) NO	(IF YES, GIVE W	/AR OR DATES)	218-18-	0779	John E. Banks	s, Jr. 115	Allen Rd.	210	061
18 CALISE OF DEATH	4 (Enter poly	nge coure per				,			
PART I. DEATH W.	AS CAUSED I	BY:	7 7	21000 	7 3	han i a		ET WEEN ONS	ET AND DEA
PART 2 OTHER SIGN	carc.	inoma c	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM  per lung	IN AL DISEASE OR CON	20b. IF YES, WERE	FINDING	S USED
4.6						YES NO	IN CERTIFYING C		F DEATH?
OR CONTRIBUTING C	AUSE OF DEATH	HOUR A.I	m. month da m.	AY YEAR				PART 2)	
WHILE NOT WH	ILE	(AT HOME STR	REET, FACTORY, OFFICE, FA		STREET				STATE
22a I certify that (*	(this hospitol	) oftended the	box 20	Decem	ber 26 19 87	to Decembe	r 28, 19 8	₹7_, the	ot <b>∭</b> i (we)
obove, (I) (w,€) (d	id) W & on	view the body	ofter death.			Jeath occurred on the de			
CV4	ME TYPE OF O	ask			ATTENDING PHYSICIAN		FF V	12/28	F/S7
M. 3	ZUG1	HAYB			c/o Marylan		ospital		
URIAL, CREMATION, SPECIFY) Buria		23b DATE	1 23r N	VAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	Conditions, if any, gove rise to imm cause (al), storin underlying cause  PART 2 OTHER SIGN  CAVILIA  19a DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION C	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED & IMMEDIATE (CONDITION)  Conditions, if only, which gove rise to immediate cause (oi), stofting the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO  Cavitiy carc.  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSS OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE AT WORK AT WORK  27a.1 certify that (Y (this hospital saw the deceased alive on obove, (I)) (WA) (idd) (EACONT)  27b. SIGNATURE	18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	18 CAUSE OF DEATH lenter only one couse per line for (a), (b), one PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Cardiac V.  DUE TO, OR AS A CONSEQUE (b) arteriosc.  Conditions, if ony, which gove rise to immediate couse (a), stofing the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO Cavitiy carcinoma of the le  19a DATE OF OPERATION 19b. CONDITION FOR WHICH  21a. ACCIDENT WAS UNDERLYING 19b. CONDITION FOR WHICH  21a. ACCIDENT WAS UNDERLYING 19b. CONDITION FOR WHICH  21b. TIME OF INJURY OR CONTRIBUTING 10c AUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED 21e PLACE OF INJURY (AI HOME STREET, FACTORY, OFFICE, FAT WORK 1	18 CAUSE OF DEATH lenter only one couse per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b) Cardiac Ventric  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  Cavitiv carcinoma of the left up  19a DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATIO  21a. ACCIDENT WAS UNDERLYING   19b. CONDITION FOR WHICH OPERATIO  21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE   NOT WHILE   21b. TIME OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  22d. Certify that (x (this hospital) attended the deceased from December 28 19 87, or obove, (1) (will) (did) (wild wild x 1) view the body after death.  22d. PHYSICIAN'S NAME TYPE OR PRINTY  22d. PHYSICIAN'S NAME TYPE OR PRINTY  A CONSTRIBUTION OF THE CONSTRUCTION OF THE CO	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c.)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Cardiac ventricular dysarytic  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse (a), storing the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF  (c) Cardiomegely (600 grams)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM Cavitiy carcinoma of the left upper lung  19a DATE OF OPERATION  19b CONDITION FOR WHICH OPERATION WAS PERFORMED  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  21b. TIME OF INJURY OF INJURY (FIETHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d INJURY OCCURRED  WHILE OF INJURY OFFICE, FARM, ETC.)  AT WORK OF ALL WORK OF INJURY (AITHORISE FACTORY OFFICE, FARM, ETC.)  STREET  21a. Certify that IX (this hospital) ottended the deceased from December 26 19 87 sow the deceased alive an December 28 19 87 and that in (nX) (aur) optinion on above, (1) (will (did) 100 20 201) view the body after death.  22a PHYSICIAN'S NAME PHYPE OR PRINTY  22a ADDRESS  C/O Marylan.	B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (b)   Cardiac ventricular dysarythmia      Conditions, if any, which gove rise to immediate cause lost.   (b)   arterioscleratic cardiovascular disease (couse lost), stating the underlying cause lost.   (c)   Cardiamegaly (600 grams)      PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING CAUSE OF DEATH OR CONDITION FOR WHICH OPERATION WAS PERFORMED   20a autopsy?	B   CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)   Cardiac ventricular dysarythmia     DUE TO, OR AS A CONSEQUENCE OF     Conditions, if any, which gove rise to immediate cause (o), stoting the underlying cause last.     (b)   arteriosclerotic cardiovascular disease     DUE TO, OR AS A CONSEQUENCE OF     Underlying cause last.     (c)   Cardiamegalu (600 grams)     PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN F.   Cavitiu carcinoma of the left upper lung     19a DATE OF OPERATION     19b CONDITION FOR WHICH OPERATION WAS PERFORMED   20a AUTOPSY?     19a CACIDENT WAS UNDERLYING   21b TIME OF INJURY     OR CONTRIBUTING   CAUSE OP DEATH     BETHER NOTIFY MEDICAL EXAMINER  P.M. 19     21d INJURY OCCURRED   21e PLACE OF INJURY     HOUR A.M. MONTH DAY YEAR     P.M. 19   21f LOCATION     STREET   CITY OF TOWN     STREET   CITY OF TOWN     CONTRIBUTION   CONTRIBUTE     SW the deceased drive on December 28   9   87   ond that in (nW) (our) opinion death occurred on the date and hour and from obove, (I) (wild) (id) MAXINGT view the body ofter death.     DEGREE   ATTENDING   MEDICAL   STAFF     PHYSICIAN   DIRECTOR   PHYSICIAN     222 ADDRESS   C/O Maryland General Hospital	B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)?   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)   Cardiac ventricular dysarythmia     DUE TO, OR AS A CONSEQUENCE OF     Conditions, if any, which gove rise to immediate couse (a), stoting the underlying couse last.     DUE TO, OR AS A CONSEQUENCE OF     Couse (b), stoting the underlying couse last.     DUE TO, OR AS A CONSEQUENCE OF     Couse (c), stoting the underlying couse last.     DUE TO, OR AS A CONSEQUENCE OF     Courting couse last.     Cardiomegaly (600 grams)     PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CAVITY CARCINOMA OF THE LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CAVITY OR LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CAVITY OR LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CAVITY OR LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CAVITY OR LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CAVITY OR LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CAVITY OR LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CAVITY OR LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CAVITY OR LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CAVITY OR LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN THE MEDICAL SAME TO THE TERMINAL DISEASE OR CONDITION GIVEN IN THE MEDICAL SAME TO THE TERMINAL DISEASE OR CONDITION GIVEN IN THE MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTO

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death. Page 4 may be

by the triminal director, page 3 filed within 72 tours after death

## STATE OF MARYLAND

EPARTMENT	0F	HEALTH	AND	MENTAL	HYGIEN
CE	RTI	FICATE	OF	DEATH	

187	STATE REGISTRAR		CERTIF	ICATE OF DEATH	3 TREG. NO.	4 3	5
	CEASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
11111	MILOR	ED M.	В	AOUOL	12/17/87		0700
3. SE		4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24
	FEMALE	WHITE	MONTH	2 YEAR 21	66 yrs	MONTHS DAYS	HOURS
7a. BI	IRTHPLACE   STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8.		9 BALTIMORE CITY OR COUN		
	CAROLINA	U.S.A.		D NEVER MARRIED	Baltimore	City	
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	WIDOWE IRSING HOME O		120. USUAL OCCUPATION	12b. KIND C	F BUSINES
	Baltimore	St. Agnes	Hospita		(TYPE OF WORK FOR MOST OF WORKING HOMEMAKEY .		
13a. S	AL RESIDENCE (IF NURSING HOME STATE 131 CQU laryland Bal		TOWN	13d. INSIDE CITY LIMITS? YES NO 🔣	13e.STREET ADDRESS / ZIP CO 5510 Carville		2122
14.)FA	ATHER'S NAME FIRST Paul	MIDDLE LAST	ading	15. MOTHER'S MAIDEN NA FIRST Vista	ME MIDDLE L.	Honeyo	
Ióa V	WAS DECEASED EVER IN U.S. A		SECURITY NO.	17. INFORMANT	ADDRESS		ucc
10	(YES, NO OR UNKNOWN) (IF YES, G	OVE WAR OR DATES)	20-4064	LanceE. Star	nes 8704 Cliff	27612 Top Cou	rt
	IVO	231-2	20-4004	Lancer. Star	nes 0704 CIIII		MATE INTERV
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	1 1	menous small	bonel		
NO	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	ted dev	NOT RELATED TO THE TERM	bound in al disease or condition of	GIVEN IN PART IN	0
TIFICATION	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS  (c)	FOUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION C	YES, WERE FINDIN TIFYING CAUSES	NGS USED OF DEATH
CAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION	DUE TO, OR AS A CONS  (c)	EQUENCE OF ACT GONE TO DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED IL boure	INAL DISEASE OR CONDITION C	YES, WERE FINDIN TIFYING CAUSES YES []	NGS USED
MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  196. DATE OF OPERATION  1 2 (S S)  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF O	DUE TO, OR AS A CONS  (c)	HICH OPERATION  DAY YEAR  19	NOT RELATED TO THE TERM N WAS PERFORMED IL boure	200 AUTOPSY?  YES NO	YES, WERE FINDIN TIFYING CAUSES YES []	NGS USED OF DEATH NO
	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  22 (S S)  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF O (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMIN 21d. WORK  220.1 certify that (I) (this has sow the deceosed alive or obove, (I) (we) Taijal) (did of the county of the deceosed alive or obove, (I) (we) Taijal) (did of the county of the deceosed alive or obove, (I) (we) Taijal) (did of the county of the deceosed alive or obove, (I) (we) Taijal) (did of the county of the deceosed alive or obove, (I) (we) Taijal) (did of the county of the deceosed alive or obove, (I) (we) Taijal) (did of the county of the deceosed alive or obove, (I) (we) Taijal) (did of the county of the deceosed alive or obove, (I) (we) Taijal) (did of the county of	DUE TO, OR AS A CONS  (c)	DAY YEAR  19  10 M. NOVEN	NOT RELATED TO THE TERM  N WAS PERFORMED  1 216. HOW INJURY OCCUR!  211. LOCATION  STREET  ADD 24 19 57  and that in (my) (our) opinion	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJURY IN 11EM 1	VES, WERE FINDINTIFYING CAUSES YES  8 PART 1 OR PART 2)  COUNTY  19 67	NGS USED OF DEATH NO  STA  that (I) (we couses state
	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  196. DATE OF OPERATION  1 2 (S S)  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF O (IF EITHER, NOTHER MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE AT WORK  22a. I certify that (I) (this has sow the deceased alive a abave, (I) (we) Nigl) (did in 22b. SIGNAT III)	DUE TO, OR AS A CONS  (c)	DAY YEAR  19  10 M. NOVEN	NOT RELATED TO THE TERM  N WAS PERFORMED  216. HOW INJURY OCCURI  211. LOCATION  SIREET  ADD 24 19 07  ad that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN [	200 AUTOPSY? YES NO TOWN  CITY OR TOWN	YES, WERE FINDIN TIFYING CAUSES YES	NGS USED OF DEATH NO  STA
	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  22 (S S)  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF O (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMIN 21d. WORK  220.1 certify that (I) (this has sow the deceosed alive or obove, (I) (we) Taijal) (did of the county of the deceosed alive or obove, (I) (we) Taijal) (did of the county of the deceosed alive or obove, (I) (we) Taijal) (did of the county of the deceosed alive or obove, (I) (we) Taijal) (did of the county of the deceosed alive or obove, (I) (we) Taijal) (did of the county of the deceosed alive or obove, (I) (we) Taijal) (did of the county of the deceosed alive or obove, (I) (we) Taijal) (did of the county of the deceosed alive or obove, (I) (we) Taijal) (did of the county of	DUE TO, OR AS A CONS  (c)	DAY YEAR  19  10 M. NOVEN	NOT RELATED TO THE TERM  N WAS PERFORMED  (	200 AUTOPSY?  YES NO TOWN  CITY OR TOWN  MEDICAL STAFF	COUNTY  19 22: DATE  22: DATE  22: DATE	STAND (1) (we couses state)
WEDICAL	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  196. DATE OF OPERATION  1 2 (S S)  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF O (IF ETIMER, NOTHY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRIBUTI	DUE TO, OR AS A CONS  (c)	DAY YEAR  19  FICE, FARM, ETC.)  Om. Novem	NOT RELATED TO THE TERM  N WAS PERFORMED  (	200 AUTOPSY?  YES NO TOWN  CITY OR TOWN  ACTOR OF TOWN  TO WED CITY OR TOWN  MEDICAL STAFF  DIRECTOR PHYSICIAN	COUNTY  19 22: DATE  22: DATE  22: DATE	STAND (I) (we couses state)
WEDICAL MEDICAL	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  2 1a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF O (IF EITHER, NOTHER MEDICAL EXAMIN 21d. INJURY OCCURRED  WHITE NOTHER MEDICAL EXAMIN 21d. INJURY OCCURRED  WHITE NOTHER MEDICAL EXAMIN 22a. I certify that (I) (this has sow the deceosed alive a obove, (I) (we) Nijd) (did r. 22b. SIGNAT III)  22d. PHYSICIAN'S NAME (TYPE	DUE TO, OR AS A CONS  (c)	DAY YEAR  19  FICE, FARM, ETC.)  Om. NO. P. On.  1234. NAME OF C.	NOT RELATED TO THE TERM  N WAS PERFORMED  1216. HOW INJURY OCCURI  211. LOCATION STREET  211. LOCATION STREET  AND 24 . 19 87 and that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN  222e ADDRESS  900 Cado  EMETERY OR CREMATORY  1 dage Mem. Par	200 AUTOPSY?  200 AUTOPSY?  YES NO TOWN  RED (ENTER NATURE OF INJURY IN ITEM TO TOWN  CITY OR TOWN  MEDICAL STAFF DIRECTOR PHYSICIAN TO TOWN  23d. LOCATION CITY OR TOWN	COUNTY  122 DATE  2122	STAND THE STAND

DHMH - 16 60M 7/ (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician or should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

JIMIL OI MAKILAND		STA	TE OF	MARY	LAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

13	100	
3	PEC NO	
-	REG. NO.	

	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	8 /REG. N	10.	4 .5	0 4
1	+ / [	SED NAME FIRST	WIDDLE	l	AST	2a DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	01111	CARRIE	MAE	13 A	RNES		12	2 81	2 AM
	1. SEX		I. RACE	5. DATE C		6. AGE (IN YEARS LAST BI		MONTHS DAYS	IF UNDER 24 HRS
П		F	BLACK	MONTH 12	16 29	57	YRS.		I I I I I I I I I I I I I I I I I I I
4		STATE OF FOREIGN 7	b. CITIZEN OF WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	Y OF DEATH	
2	0	N.C.	UIS.A.	WIDOWE	_	Vity			MD.
9	10. C1	Ba to	1. NAME OF HOSPITAL, NURSII			TYPE OF WORK FOR MOST OF	OF WORKING LI		of Business or
5		AL RESIDENCE (IF NURSING HOME OR C			13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 2022 E	ZIP CODE	st St	, 21218
2	IA. FA	THER'S NAME Walter	IDDIE 14 And	V	15 MOTHER'S MAIDEN NA	ME MIDDLE	G	rimes.	ST
1		VAS DECEASED EVER IN U.S. ARM		ORITY NO.	17. INFORMANT	ADDR	ESS		
	(7	(IF YES, GIVE	WAR OR DATES) 220 - 26	-6735	Mr. Gary 1	Sarnes 19	952	Perlm	an Pl.
		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	y ane cause per line for (a), (b), and BY:	nd Ici.	list wood	clà			ONSET AND DEATH
		Conditions, if any, which	DUE TO, OR AS A CONSEQU	JENCE OF	gartery a	( seein		2	north
		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	JENCE OF	)			~	tears
H		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	ADITION GIV	VEN IN PART	la:
	NO.								
1	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDI	
	E					YES NO		ES 🗍	NO 🗌
-		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	LIGHT A AL ALCOHITH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	JRY IN ITEM 18	PART I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		21f. LOCATION	CITY OR TO	OWN	COUNTY	STATE
	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC )	SINELT				
		22a L certify that (I) (this haspite saw the deceased alive on abave, (I) (we) (did) (did not	100 19		nd that in (my) (aur) agrinion	to 12°	date and ha	ur and from the	that (I) we last causes stated
		22b. SIGNATURE	New the bady after death.		DEGREE				ESIGNED
,		I Che		1	ATTENDING PHYSICIAN	MEDICAL STA		12	. 3.87
		22d. PHYSICIAN'S NAME TYPE OR	PRINT)		22e. ADDRESS				3777710
		ISSAM	E CHEI	KH					

230. BURIAL, CREMATION, REMOVAL 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION
Balto

24 FUNERAL DIRECTOR

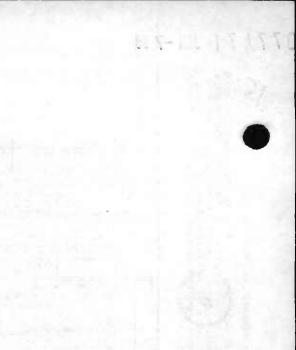
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DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT, # Nem 21 is

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR DECEASED NAME 26 HOUR KNOWN X (TYPE OR PRINT) Nearmon E. 12-26-1.87 NE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR.
H FORM PM 3, BETAIN PAGE 5 FOR YOUR FILES.
AGES VAND 2 SYCULD BE FILED, WITHIN 72 HOURS.
AGISTON OF WALRECORDS, 201 W. PRESTON STREET, DEATH MATED Barrett, III 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 3:46F PRONOUNCED 56 White 31YRS DEAD 7a. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED MINEVER MARRIED FOREIGN COUNTRY) Maryland Baltimore City WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20. USUAL OCCUPATION (TYPE OF WORK 1500 Block Sherwood Avenue Baltimore Truck Driver Transfer USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Carro Tanevtown YES X Md Trevanion Rd. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Barrett, Jr Tnez Nearmon Nash 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT Maryland (IF YES, GIVE WAR OR DATES) 219-68-8854 Viet Nam Mrs. Dianna Barrett, Taneytown. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shotgun wound of head DUE TO, OR AS A CONSEQUENCE OF TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN PRECUFF THE CERTIFICATE. WRITING THE WORD."PENDING" IN PENCIL IPPAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURNAL. TRANJ. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HAREKIMORE, MARYLAND, 21201 PRIOR TO BURNAL, CREMATION, OR REM Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 HEAD ONLY YES X 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2). HOUR A.M. MONTH DAY UNDERLYING SOR CONTRIBUTING CAUSE OF DEATH 12-26-87 Self inflicted 21e PLACE OF INJURY (AT HOME 21f. LOCATION 21d. INJURY OCCURRED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN auto-street auto-1500 block Sherwood Avenue, Baltimore, MD Autopsy V of the remains described above held on 22a. I certify that I tous Inspection and in my apinion Suicide X death resulted from Homicide Undetermined monner TITLE (SPECIFY) 12-27-87 ACTUAL Assistant SIGNATURE MEDICAL EXAMINER Charles P. Kokes, M.D. 111 Penn Street, Baltimore, MD 21201 EXAMINER'S NAME (TYPE OR PRINT) 23a, BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BuriAl 2-30-87 Cedar Grove Cem. Parkton Balto Md. 07/B4 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 254 REGISTRAR'S SIGNATURE Eline Funeral Home, Hampstead, Md **DHMH - 17** (VR A15 ME (5))



757	6 0 DEC 22	17	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND LEALTH AND MENTAL HY ICATE OF DEATH	8 / REG. N	. 3 4	3 6 6
	. 84	(TYPE	CEASED NAME FIRST TWEE	MIDDLE	BA	SS	20. DATE OF DEATH	87	YEAR 26 HOUR
	or, F	3. SE.		Black	5. DATE C		6 AGE (IN YEARS LAST BIR	YRS.	DAYS HOURS MIN.
0	death. Page		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	DUNTRY? I. MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY C	CTC	ATH MD.
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MARYLA	ompletely od 2 sk	14. FA	THER'S NAME	MIDDLE BEK	inett	15. MOTHER'S MAIDEN N		Pro	a ++
MORE, /	and condition		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOC GIVE WAR OR DATES) 212	1 36-6972	17 INFORMANT D Frank M	ac 102 Ju	imper 20	ad
	certificate be ing physician bon popers. P r removal.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for to SED BY: ATE CAUSE (a)	31, (b), opd (c).)	el many 1	keet		APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
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L RECOF	bee prior	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING C.	FINDINGS USED AUSES OF DEATH?
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	G PHY:	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJUR (AT HOME, STREET, FACTOR	RY	21f. LOCATION STREET	CITY OR TO	OWN COU	INTY STATE
ō	TEN TO OR		220.t certify that (I) (this has saw the deceased alive a	1 - 1	a 19 87 0	nd that in (my) (our) apinio	on death accurred on the d	ote and hour and fro	, that (I) (we) last om the causes stated
0	OR A he hos DIREC oched Dept.		226. SIGNATURE	Salg		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	DATE SIGNED 12.17.87
	HOSPIT ned by FUNER old be o		DARSHAN'S	· SALUJA		1600 MT Ros	yal Am, Bal	time 2	1217
	BP	23a. I	SURIAL, CREMATION, REMOVA SPECIFY) BURIAL		23c. NAME OF C	EMETERY OR CREMATOR	ARK ARBUTUS	COUNTY	, WQ <sub>e</sub>
	DHMH - 16 50M 1/81 (VRA 1S, 4)	24. F	INERAL DIRECTOR . C. MARCH F/H		ADDRESS NORTH		TE REC'D. BY REGISTRAN	25b. REGISTRAR'S S	IGNATURE -

TO HOSPITAL OR ATTENDING etained by the hospital

BP.

STATE OF MAKILAND	STATE	OF	MARYLAND
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	1	FOR  STATE  REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	2 7	3 4	3 6 7
55271	DER	ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH		YEAR 26 HOUR
ay be	(1)	PE OR PRINT)	OLIVIA	Bates		12 13	87 5-08
ctar. po	3. S	Female	Black	5. DATE OF BIRTH  MONTH  DAY  1906	6. AGE (IN YEARS LAST BIRT	MONTHS	DAYS HOURS MIN.
22 hour	10.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OF		CITY MD.
by the run	) 10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR WOST OF		KIND OF BUSINESS OR USTRY
Thed in	130	UAL RESIDENCE (IF NURSING HOME OF STATE MARYLAND		YES NO [	13e.STREET ADDRESS /		Terrace/212
	25	FATHER'S NAME FIRST  Fran K	A. CAV		Y ADOTE		last
be executed an and a s. Poge: e mediça	7	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) N KNOWN		11123	SEY QUEEN	9706 S	OUTHALL ROA APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
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requires en signed t. Then ple or ta buric injury, o	NOI		conditions <u>contributing</u> to	O DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONE	)ITION GIVEN IN PA	ART 110
hos be hos be r permi	TIFICATI	19a DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY?  YES NO	206. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH? NO
ding physical statements of the statement of the statemen	CAL CERT	?10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH	DAY YEAR 19	RED (ENTER NATURE OF INJUR	Y IN ITEM TB PART T OR P	'ART 2)
attending ther this cer as the buric th and Men orked or the	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		CITY OR TO	wn con	INTY STATE
Spital or CTOR: Al for use of of Healt		sow the deceased plive on	ital) attended the deceased from  12-13  19  19) view the body after death.	12 -/0 , 19 \$7 . and that in (my) ( <u>our)</u> opinion			, 11101 (11 (20)1031
AL DIREC detoched ote Dept.		3. Penentel		DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAP	F /.	2-13-87
AN Stod		22d PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS			

Pementel mo

230. BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY

south Bultimore Gen. Hosp.

24. NUTTEGER - UNERAL HOMES, INC. 250. DATE
2501 GWYNNS FALLS PKWY, BALTO, MO, 21216

236. DATE

BALTIMORE, MARYLAND REGISTRAR 256. REGISTRAR'S SIGNATURE an militim igendale

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detoched for use as the burial-transit permit. Then please remove carbon popers. Page with the State Dept, of Health and Mental Hygiene prior to burial, cremotian, or removal. IMPORTANT: If them 21 is marked or Item 18 that any injury, or other troumatic event, the media.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

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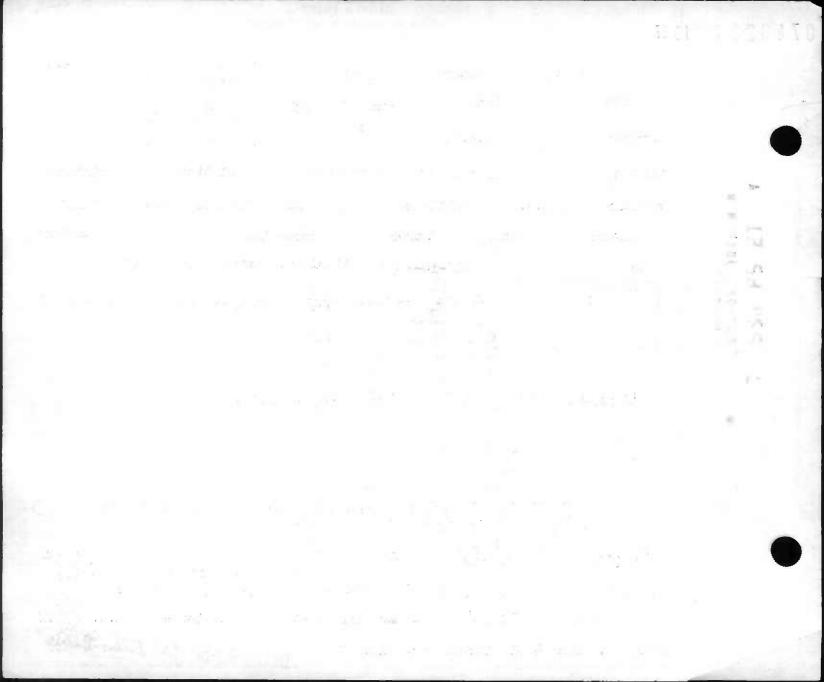
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0748	623 DEC 1	018	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYG	REG. NO. 3	4 3	5 8
			CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR	2h HOUR
	may be page 3 er death	TITLE	JOSEPH	Howard	l BA'	THON	DECEMBER 7, 198	3 /	6;55A <sub>M</sub>
	and and	3. SE)		4. RACE	5. DATE		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
7	e 4	1	Male	White	Marc	h 7 1915	72 yrs.	MONTHS DAYS	HOURS MIN.
1	Pog	7a. BI	RTHPLACE (STATE OR FOREIGN)	76. CITIZEN OF WHAT COU	NITOVO 9		9 BALTIMORE CITY OR COUNTY	OF DEATH	
	t Trans	M	aryland	U.S.A.	WIDOW	D NEVER MARRIED	BALTIMORE CITY		MD
	p = 37/		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND C	F BUSINESS OR
	not the contract of the contra		ALTIMORE	THE JOHNS	HOPKINS	HOSPITAL	Terinter	Prin	ting
VD 213	24 hou	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	INTY 13c. CITY O		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 111 12th Avenue	21	225
IA .	The said		THER'S NAME		2	15 MOTHER'S MAIDEN NA	ME	· ~~	
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ST., BALT	ng physicia bongopers removal	7	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one couse per line for (0), ED BY: ATE CAUSE (0) ACUTE	(b), and ic.	LOCYTEL 1	LGUKGMIA		MATE INTERVAL ONSET AND DEATH EAR
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	by the attending to the action of the attending to the attendition of attending to attend the attended to the		Canditions, if any, which gove rise ta immediate cause (a), stoting the underlying couse last	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON					
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	spirit Spirit CTC d for n 21			at) view the bady ofter death	19_01.0		death occurred an the date and hou		
	the hasp the hasp NI DIREC: etached f te Dept. of I: If Item (		22b. SIGNATURE	1140	m	ATTENDING PHYSICIAN [	MEDICAL STAFF  DIRECTOR   PHYSICIAN	1Z	7/87
	retained by the TO FUNERAL I Shauld be deto with the State [IMPORTANT: If	1	220 PHYSICIAN'S NAME (TYPE	11		220 ADDRESS The	Johns Hopkins	Hosp.	
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			BURIAL, CREMATION, REMOVA SPECIFY) Burial	12/10/87		EMETERY OR CREMATORY Hill Cemetery	23d LOCATION Baltimore	CAUNTA.	Må
	BP	24 FI	JNERAL DIRECTOR				TE REC'D. BY REGISTRAR 251-REGIST	RAP'S SIGNA	

DHMH - 16 60M 7/B4 (VRA 15, 4)

George J. Gonce 4001 Ritchie By Balto Md



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE - REGISTRAR 20. DATE KNOWN YEAR 2b. HOUR (TYPE OR PRINT) M ALBERT DEATH MATED BAUERNSCHMIDT 19 87 4. RACE DATE OF BIRTH & AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE MONTH LAST BIRTHDAY) PRONOUNCED 10:04 PM 12 09 '09 MALE CAUC. 78 DEAD 19 87 b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Baltimore City DIVORCED Maryland WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Baltimore Key Medical Center Retired Beth Steel Co. SUAL RESIDENCE (IF IN NURSIF HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 3a. STATE 13d. INSIDE CITY LIMITS? 6814 Duluth Avenue 21222 Baltimore Maryland NOX . FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Martin Bauernschmidt Strogel Anna WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 7. INFORMANT 6814 Duluth Av (IF YES, GIVE WAR OR DATES) Yes 215-05-5517 - 21222 Mrs. Clara Bauernschmidt 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF DED TO THE CHIEF MEDICAL EXAMINER AS 3 SHOULD BE USED AS A BURIAL-TRANSITY DEPARTMENT OF HEALTH AND MENTAL HY I PRIOR TO BURIAL, CREMATION, OR REMO Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NG THE WOR D TO THE CH SHOULD BE U YES NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK COHNTY STATE EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNER PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 Inspection X 22a. I certify that I took charge of the remains described above, held an and in my apinian Natural causes A Homicide death resulted from: Accident Undetermined manner TITLE (SPECIFY) ACTUAL w Assistant 12-30-87 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 23a.BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 1/2/88 St. Stanislaus Baltimore, Md. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE **DHMH - 17** 1988 JAN Walter Dabrowski - 1005 Dundalk Avenue 21224 (VR A15 ME (5))

Mar. CARC. 12 49 '09 76

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St. 12 Suluth Avenue 21.22

Baueraschmidt Anna

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215-03-037 Mrs. Chra loudroschmidt - 1222

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1/2/7 st. 500 8-800

LI GUI S - 1 U GRGZ ... . V W 21224

ed within 24 hours ofter death.

requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physician. ed in by the funeral director, page 3 d be filed within 72 hours ofter death

## STATE OF MARYLAND

DEPAR

RTMENT	OF HE	ALTH	AND	MENTAL	HYGIENE	
CEI	RTIFI	CATE	OF	DEATH		8

8	REG. NO.	2)	4	3	7	(
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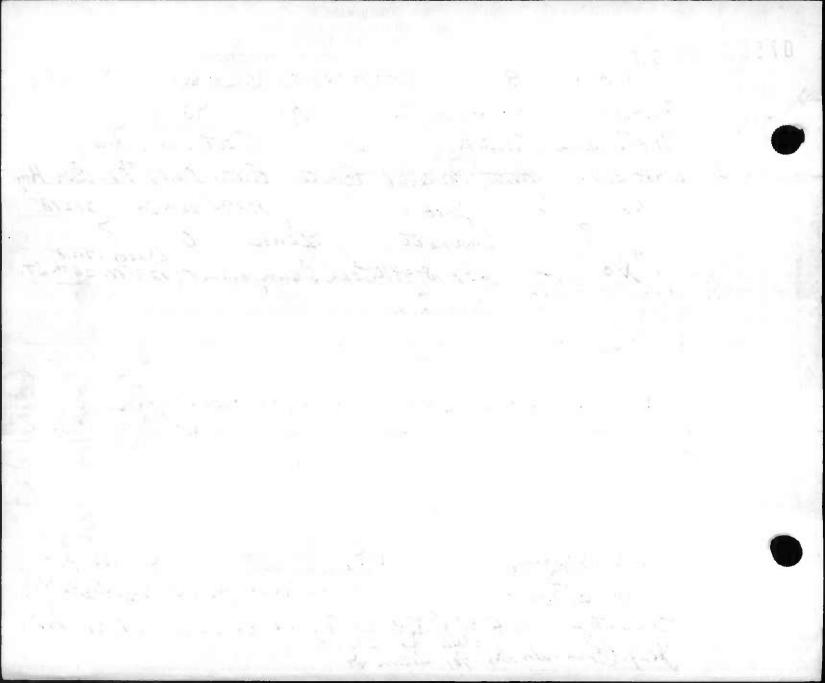
- STATE REGISTRAR		CERTIF	CATE OF DEATH	8 REG. NO.	34310
DE CLASED NAME	FIRST A	MIDDLE	NST .	20 DATE OF DEATH MO	NTH DAY YEAR 26 HOUR
(TYPE OR PRINT)	Hy B.	Bau	mandher	Docomber	11,1987 1050
3. SEX	4 RACE	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS M
tema!	e Cauco	sian Jan	13.1897	90	YRS
To BIRTHPLACE (S	TATE OR FOREIGN 76 CITIZEN OF	WHAT COUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH
n. toen	elina U.S.	WIDOWE	/	Daltinin	e, Md.
10 CITY OR TOWN		HOSPITAL, NURSING HOME O	ROTHER INSTITUTION	120 USUAL OCCUPATION	
Deeting	a defeate	Medical	Conter	Central Just	ORKING LIFE THOUSTRY
USUAL DESIDENCE	(IF NURSING HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION)	136 INSIDE CITY LIMITS?	13e.STREET_ADDRESS / ZI	P CODE
Park	-	Buch.	YES NO	123 W. 290	Dr. 2/2/8
14. FATHER'S NAME	2 MIDDLE	2 1451	15 MOTHER'S MAIDEN N.	AME MIDDLE	2
71831	1	Junett	Lea	h O	(ASI
		166 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS	Sacto . 21218
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18 CAUSE OF	DEATH (Enter only one cause per	line for (a), (b), and (c)		0	APPROXIMATE INTERVAL BETWEEN ONSET AND DE
PART I. DE	ATH WAS CAUSED BY:	5	4		OE WELL ONSE! AND SE
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underlying	couse lost.				
PART 2 OTH	R SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER.	MINAL DISEASE OR CONDIT	ON GIVEN IN PART 110
Z Dam	entia (mair	an andon	1:0000	Henselev	avic
Down 21a. ACCIDENT		ITION FOR WHICH OPERATION	N WAS PERFORMED	1011	W. IF YES, WERE FINDINGS USED
문			THO TENIORMED		CERTIFYING CAUSES OF DEATH?
Ē				YES NO	YES NO
710. ACCIDENT	WAS UNDERLYING 1216. TIME O	M. MONTH DAY YEAR	THE HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART : OR PART 2)
(IF EITHER NOT	IFY MEDICAL EXAMINER)				
(IF EITHER NOT			211 LOCATION		
ANNUE	NOT WHILE AT WORK	REET, FACTORY OFFICE, FARM ETC )	STREET	CITY OF TOWN	COUNTY STATE
AT WORK			L		
	that (I) (this hospital) attended the		. 19	, to	
sow the obove, (I	deceased alive on	ofter death on	d that in (my) (our) opinion	n deoth occurred on the date	and have and from the causes stated
22 SIGNATU			DEGREE		220 DATE SIGNED
Twas	and house	М	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/W87
226. PHYSICIA	N'S NAME (TYPE OF PRINT)		77e. ADDRESS		2127
TV.	1 1 Lin		2500 Libe	Lt. Hairld	china Raling
	110 Jung			- Home it	THINK STIMIT
23a BURDAL CREMA	TION, REMOVAL 236 DATE	Jan NAME OF C	EMETERY OR CREMATORY	236 LOCATION	

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept of Health and Mental Hygiene priar to burial, cremation, or removan

FOR

25 DATE REC'D BY REGISTRAR 25 REGISTRAR'S SIGNATURE
25 DATE REC'D BY REGISTRAR 25 REGISTRAR'S SIGNATURE
26 DEC 1 7 1987



in by the fuperal director, page 3 ie filed within 72 hours after death

STATE OF MARYLAND

t	I,	Ш	U	r	n	t/	A L	J	n	Ar	IV	III	tr	н	AL	n
	C	E	R	Ħ	F	10	1	1	ΓE	0	F	DI	A	T	Н	

ITAL HYGIEN TH	3	REG. NO.	3	4	3	7
20	DATE	DE DE ATH HO	Na Tau	DAY	VEAD	Tak M

DEC	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MI CERTIFICATE OF DE	100 000 4	3 4 3 7 1
	DECEASED NAME FIRST	MIDDLE	LAS1	20 DATE OF DEATH	MONTH DAY YEAR 26. HOUR
. (1	ROSETT	A Elizabeth	ВАУ	12-07-87	4:00 A
3.	SEX	4. RACE	5. DATE OF BIRTH	6 AGE IN YEARS LAST B	IF UNDER 1 YEAR IF UNDER 24 HR
1	Female	Black	Aug. 1, 1906		YRS
3 70.	BIRTHPLACE   STATE OF FOREIGN .	76 CITIZEN OF WHAT COUNTRY?  USA	MARRIED L NEVER MA	ARRIED De Octions	OR COUNTY OF DEATH
	Maryland CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		DRCED Baltimo	
	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET	T ADDRESS)	(TYPE OF WORK FOR MOST	OF WORKING LIFE) INDUSTRY
	SUAL RESIDENCE LIF NURSING HOME OF	Belair Conval		Cook	Restaurant
13	le. STATE 1136 COLUM		VN 134 INSIDE CIT	Y LIMITS? 13e STREET ADDRESS 2012 ROCK	well Street 21040
19. H	FATHER'S NAME	Name 1		MAIDEN NAME	
#10V	Aquilla	Frisby		garet France	s Frisby
160	WAS DECEASED EVER IN U.S. AR				PESS .
A	(YES, NO OR UNKNOWN) (IF YES, GIV	214-12-4	4599 Mary Was	shington, 957 Te	21014  ntwood Road, Belair, I  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEAT
Georgia Control	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (A) DATE OF OPERATION  190 DATE OF OPERATION	196 CONDITION FOR WHICH	DEATH BUT NOT RELATED TO	OTHE TERMINAL DISEASE OR CO MED 200 AUTOPSY? YES NO UNITED STATE OF IN.	NDITION GIVEN IN PART 110  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
7	(IF EITHER NOTIFY MEDICAL EXAMINE)  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M.  21e PLACE OF INJURY  I AT HOME STREET FACTORY, OFFICE.	19 211 LOCATION STREET	CITY OR '	TOWN COUNTY STATE
1	sow. The desensed plute of		DEGREE	TENDING MEDICAL XX ST HYSICIAN DIRECTOR XXPHYS 5514 Harford	Rd.
1	Luis T	Divide a UD			1 01011
1		. Rivera, MD	<u> </u>	Baltimore, M	d. 21214
73	Luis E  Burial, CREMATION, REMOVAL (SPECIFY)	. 23b DATE 23c	NAME OF CEMETERY OR CE	REMATORY 234 LOCATION	d. 21214
23	Burial, Cremation, Removal (SPECIFY)  Burial			REMATORY 234 LOCATION	county STATE
23	BURIAL, CREMATION, REMOVAL	Dec. 11,1987 J	Ohn Wesley U	REMATORY 234 LOCATION	COUNTY STATE

DHMH - 16 60M 7/B4

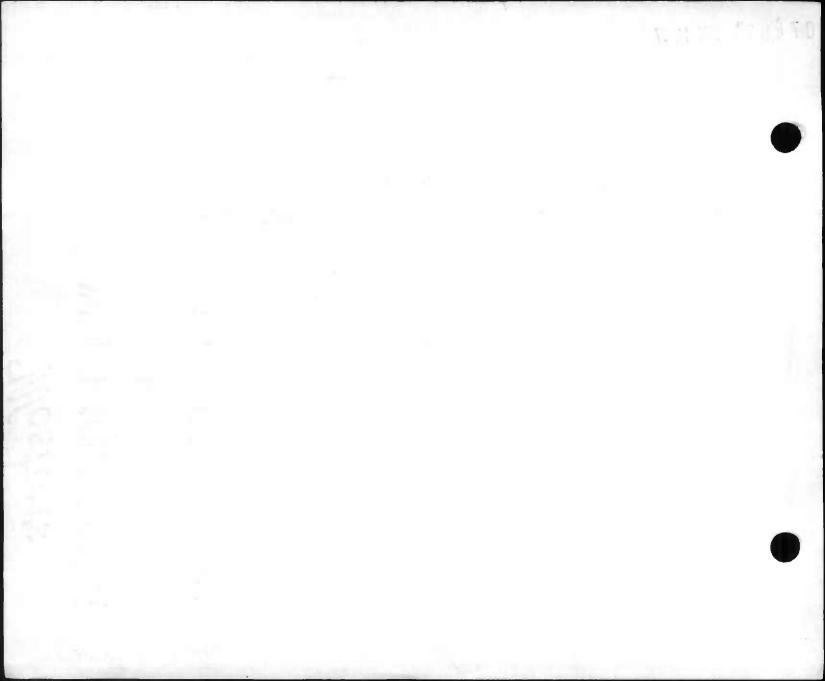
TO FUNERAL DIRECTOR: After this certificate has been signed by the

(VRA 15, 4)

STATE	OF	MARYLAND
SIAIL	VI	MARILAND

GIENE	SIA!	+5		dig	4 400	
8	REG. NO	.5	4	13	/	
Zo DATE	OF DEATH A	HIMON	DAY	YEAR	7b. H	OI

074822 DEC 14	87-	FOR STATE REGISTRAR	DEPARTA	AENT OF H	EALTH AND MENTAL HYP	GIENE 8 7 REG. NO	. 5 4	3 7 2
y be ge 3 Jeoth		CEASED NAME FIRST OR PRINT)	mes Lewis	-0	Lynn, III	12/8/17	MONTH DAY	YEAR 26 HOUR 1:45 Amm
Page 4 may be director, page 3 hours after death	3. SE)	mole	RACE White	5. DATE O MONTH	F BIRTH  DAY  YEAR  3  F 7	6 AGE IN YEARS LAST BIR	YRS.	6
neroll n.72	0	RTHPLACE ISTATE OR FOREIGN 76. COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY O		MD.
the f	10. CI	BON TOWN OF DEATH	NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)		12a USUAL OCCUPATE (TYPE OF WORK FOR MOST C		b. KIND OF BUSINESS OR IDUSTRY
AND 2120 n 24 hours filled in by rould be fille		AL RESIDENCE IN NURS OF OF OTHE TATE	ER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO =	130. STREET ADDRESS	LISUN ST	50
E, MARYLAN			wis Lynn,		15. MOTHER'S MAIDEN NA	Anne		Bayne
TIMORE, MA		VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN)   1 IF YES, GIVE W		RITY NO.	17 INFORMANT	ADDRI	iss	
ON ST., BA		I8. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE C	DUE TO, OR AS A CONSEQUE	3,6	iordier Arr	c>+		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ires that the death greed by the ottendin please remove calburial, cremation, or y, or ather traumat	-	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CON		pr	maturity	MINAL DISEASE OR CON	DITION GIVEN I	N PART I (o
TAL RECORDS, The low requir icion. The hos been sign sit permit. Then rigiene prior to b	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH			20a AUTOPSY? YES NO	20b. IF YES, WE	RE FINDINGS USED CAUSES OF DEATH?
IVISION OF VITAL G PHYSICIAN: The ortending physicion for this certificate h is the buriol-tronsit ond Mental Hygie rked or tem 18 sho	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH  THE RITHER NOTIFY MEDICAL EXAMINER)	21b TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY	YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE ÖF INJU	RY IN ITEM 18 PART 1 (	OR PART 2)
DIVISION OF TTENDING PHYSICIA pital or ottending p TOR. After this certif for use as the buriol-li for use as the buriol-li of Health and Mental of Health and Mental	WED	21d. INJURY OCCURRED  WHILE   NOWHILE   AT WORK   AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F		STREET	CITY OR TO	)WN (	COUNTY STATE
TTEND pital or TOR: A for use of Heal		220.1 certify that (I) (this haspital) saw the deceased alive an abave, (I) (we) (did) (did nat) v	12/17/17 10	, ar	d that in (my) (aur) apiniar	, ta/ 2 death occurred on the d		
TAL OR ATT TAL OR ATT TAL OF ATT TAL OF ATT TAL OFFECT TAL DIRECT TO THE OFFE TAL OF		27b. SIGNATURE	tale		ident ATTENDING PHYSICIAN	MEDICAL STA	FF	12/8/87
O HOSPITAL OR A etonined by the hos TO FUNERAL DIRECTOR A with the Store Dept. MRORTANT: If them		Zia R. K	hattak		Univers	ily 87 1	1D.1B	action
BP	1	Removal	23b. DATE 12-10-87	AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		UNTY STATE
DHMH - 16 50M 1/81 (VRA 15, 4)		UNERAL DIRECTOR State Anatomy	Board Bal	÷.o.,		C 1 1 1987	Julia De	



6664	DEC	1.	FOR STATE STATE	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  REG. NO.	4 3 7 3
A Canada		111111	WILLIAM	H BASEHORE 120- 2673	JOJ 26 HOUR
ge 4 ma edu, p		3. SE	H	ACE S. DATE OF BIRTH (AONTH S. DAY YEARS (187 BIRTH DAY)  S. DATE OF BIRTH (187 DAY)  YEAR (187 PERS (187 DAY)  YEAR (187 PERS (187 DAY))  YEAR (187 PERS (187 DAY))	IF UNDER I YEAR IF UNDER 24 HRS
100	23		RTHPEACE (STATE OF FOREIGN 76.	MARRIED NEVER MARRIED 19. BALTIMORE CITY OR COUNTY  WIDOWED DIVORCED 1	Y OF DEATH MD.
of the first	%	10. C	Balto	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION LE NOT IN SUCH FACULTY, GIVE PREET ADDRESS!  OF CONTROL OF THE CONTROL OF	12b. KIND OF BUSINESS OR INDUSTRY
22 hour	4	DSU JOH	AL RESIDENCE IF NURSING HOME OR OTHER	FRINSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136. CITY OR TOWN  136 INSIDE CITY LIMITS?  13. STREET ADDRESS / ZIP COL	Load Load
100	10	)	HENRY	BAZEMORE 15. MOTHER'S MAIDEN NAME PROPERTY MIDDLE	Green
0. and 0.	/ medeca		VAS DECEASED EVER IN U.S. ARME VES NOW JUNKNOWN) (18 YES, GIVE W Armu		Bexleigh CT.
p physics on paper emosol.	mount, th		18 CAUSE OF DEATH Enter only of PART I, DEATH WAS CAUSED B IMMEDIATE C	THE AND TO IVATIVITATION AND AND THE POPULATION OF THE POPULATION	APERSXIMATE INTERVAL BETWEEN ONSET AND DEATH
death ce otherding ove corb flor, or r	osimethic		Canditians, if any, which	DUE TO, OR AS A CONSEQUENCE OF (STUDIE)	4 hre.
thus the toy the superiemo	rothert		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
requires to signed Then pile or to burn	unjury. o	NOI	PART 2 OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAY DISEASE OR CONDITION G	IVEN IN PART 110
The law non. I permit ince prior	9	ETIFICATION	19a DATE OF OPERATION	YES NO	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? 'ES \( \text{NO} \text{ \text{NO}} \text{ \text{T}}
g physic g physic pertition mathysis	18.0	CAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P,M. 19	PART ! OR PART 2)
Hender He bu	ō /	MEDIC	THE NURY OCCURRED NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN	COUNTY STATE

PORTANT. III III JRIAL, CREMATION, REMOVAL 23b. DATE

77% SIGNATURE

22d. PHYSICIAN'S NAME

22a I certify that (1) (this haspital) attended the deceased from

saw the deceased alive an abave, (I) (we) (did) (did not) view the body after death

23 NAME OF CEMETERY OR CREMATORY

DEGREE

22e ADDRESS

ATTENDING PHYSICIAN

23d. LOCATION

that (1) (we) last

22c DATE SIGNED

24 FUNERAL DIRECTOR NAME

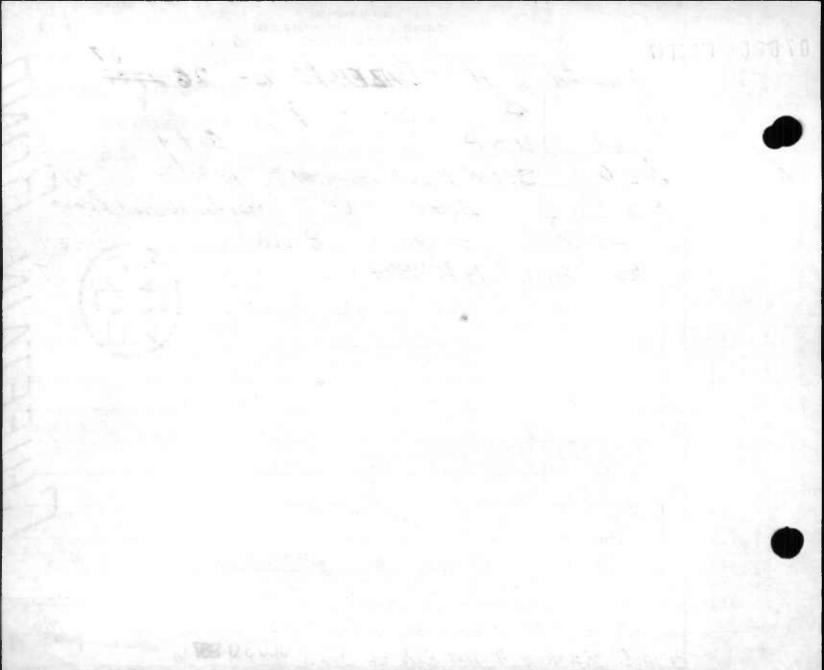
and that in (my) (aur) apinian death accurred an the date and have and from the causes stated

STAFF

MEDICAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

ned by



urs ofter death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

"7	17	1
REG. NO.	- 1	- 7

REG. N	10.	4	3	7	5
EATH	MONTH	DAY	YEAR	2b. HC	UR

	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	GIENE B 7 REG.	NO.	4 3	7 5
	CEASED NAME FIRST		MIDDLE	- 1	LAST	20. DATE OF DEATH	MONTH DAT	YEAR	26 HOUR
{TYPE	OR PRINT) Martin		E.	Beaum	mont	Decembe	r 4,198	7	
3. SEX		4. RACE		5. DATE C		6 AGE (IN YEARS LAST I	BIRTHDAY) IF	UNDER I YEAR	IF UNDER 24 HR
,	Male	Whit	e	Oct	. 11, 1960	27	YRS.	NIHS DAYS	HOURS MIN
	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	Ta		9 BALTIMORE CITY		FDEATH	
	aryland	USA		WIDOWE	D NEVER MARRIED	Baltimor	e City.		
CI	Baltimore	11. NAME OF	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET SCOTT K	IG HOME C	dical Center	12a USUAL OCCUPA (TYPE OF WORK FOR MOS Programm	TION TOF WORKING LIFE)	INDUSTRY	of BUSINESS Outer Co
USUA 13a S	AL RESIDENCE (IF NURSING HOME OR STATE 133) COUN Balt:	OTHER INSTITUTION		ADMISSION)	13d INSIDE CITY LIMITS? YES NOXX	130.STREET ADDRESS 5 A Alba	zip code tross La	ane 2	1221
7	THER'S NAME Ronald	WIDDLE	Beaumo	nt	15 MOTHER'S MAIDEN NA FIRST Helen	WIDDLE		dowsky	1
		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		RESS		
	YES NO OR UNKNOWN) (IF YES, GIV		213 72	1036	Helen Beau	mont	Mothe	er	Same
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	y one couse pe	er line for (a), (b), and	dic.i				BETWEEN	MATE INTERVAL
		D BY: E CAUSE (0)	Leyocard	ial :	Infartion			5m	wiete's
NO	couse [0], stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT C	(c)_	OR AS A CONSEQUE		NOT RELATED TO THE TERM	ainal disease or co	NDITION GIVEN	IN PART 10	o
CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFY II		OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A	of inju <b>r</b> y a.m. month da p.m.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PART	T ( OR PART 2)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F.	ARM, ETC )	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
	sow the deceased alive en obove, (1) we) (did) (did no	TREC	3 19		nd that in (my) Our opinion	deoth occurred on the	date and hour o	ind from the	that (I) we k
	22b. SIGNATURE Joure	2			DEGREE ATTENDING PHYSICIAN [	MEDICAL ST	AFF ICIAN X	12 DATE	SIGNED - (87
	22d. PHYSICIAN'S NAME (TYPEO				601 N, B	roex luxur	Batte	OM, C	
-	Burial, cremation, removal	23b, DATE	4		emetery or crematory  11 Memorial G	23d LOCATION	altimore	COUNTY	ty, Md.
24:20	Contract of the contract of th								
11	uzdzinski Funer	25	ADDRESS	02		E REC'D. BY REGISTRA	R 256 REGISTRA	R'S SIGNAT	

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic should be detached for use as the burnal-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event,

retained by the haspital or attending physician

BP.

128-27 278110

1/4/88

FOR

REGISTRAR DE LASED NAME

ELIZABETH

SARAH

- STATE

(TYPE OR PRINT)

3 SEX

ATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH 26 HOUR 12 87 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
RETIRED INDUSTRY 810 BRIDGEVIEW ROAD 21225 JONES DORIS MOORE 5104 CORDELIA AVENUE APPROXIMATE INTERVAL minute

Due to, or as a consequence of atheroscievotic vascular disea PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID 20b. IF YES, WERE FINDINGS USED

BEATTY

IN CERTIFYING CAUSES OF DEATH? NO

> \_, and that in (my) (our) opinion death accurred on the date and haur and from the causes stated 27¢ DATE SIGNED

> > DIRECTOR PHYSICIAN

Johns Hopkins Hospital

ANNE ARUNDEL CO., IV-REGISTRAR 256-REGISTRAR'S SIGNATURE "C". MARCH F/H, INC. 1101 DES. NORTH AVENUE

DHMH - 16 60M 7/84

BURIAL

24 FUNERAL DIRECTOR

(VRA 15, 4)

VOY.

200

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

1	1-	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	IENE B REG. NO	3 4	3	7	6
	88	CEASED NAME FIRST OR PRINT)	ia <b>f</b> BEDF(		AST		MONTH DAY	1000	26. HOUF	
	3. SEX	=	NEGRO	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRT	(HDAY) IF UNI	DER 1 YEAR	HOURS	24 HRS MIN.
1	C	OUNTRY) Md	L. CITIZEN OF WHAT COUNTR	WIDOWE		Baltimo	re City	,		MD.
-		TY OR TOWN OF DEATH  Baltimore  LE RESIDENCE (IF NURSING HOME OR C	1. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI The Union Mer	norial		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	F WORKING LIFE Y	b. KIND OF IDUSTRY	BUSINE	SS OR
1	3a. S	THER'S NAME			13d. INSIDE CITY LIMITS? YES NO 1	3. STREET ADDRESS	ZIP CODE	FOR	35	1
1		HERbert "	BEdford		JEANE			LAST		
		(IF YES, GIVE	MED FORCES?   16b. SOCIAL SE	CURITY NO.	ROWALD VOI	rES 21 M				
	No. of the last of	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying cause last.	CAUSE (0) CARD (1)  DUE TO, OR AS A CONSECT (6)  DUE TO, OR AS A CONSECT (c)	AC A DUENCE OF MUENCE OF	RREST 140CAR DIAL			APPŘOXIM BETWEEN OF	NSET AND E	DÉÀTH.
	NO	PART 2 OTHER SIGNIFICANT CONGESTIVE		ODEATH BUT		INAL DISEASE OR CONE	DITION GIVEN IN	PART Ita		
	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHIC	A PERATION	N WAS PERFORMED	206 AUTOPSY?	20b. IF YES, WEI IN CERTIFYING YES	RE FINDING CAUSES C	GS USED OF DEATH NO [	H?
	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	. 19	21c. HOW INJURY OCCURR  A/A  21f. LOCATION STREET	ED (ENTER NATURE OF INJUR		OUNTY	ST	ATE
		27a. I certify that (1) (this haspital) attended the deceased from DECEMBER 26, 19 87, to DECEMBER 31, 19 87, that (1) (we) lost saw the deceased alive on DECEMBER 31, 19 87, and that in (my) (aur) opinion death occurred an the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after death.								
		226. SIGNATURE A	Tran, and		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	F	12 DATES	IGNED	7
		22d. PHYSICIAN'S NAME (TYPE OR Ann A. T			22e ADDRESS Union Memo	rial Hospit	al			

DHMH - 16 60M 7/84

(VRA 15, 4)

MPORTANT, II

Ann A. 1/5/88 HINTIAL, CREMATION, , REMOVAL

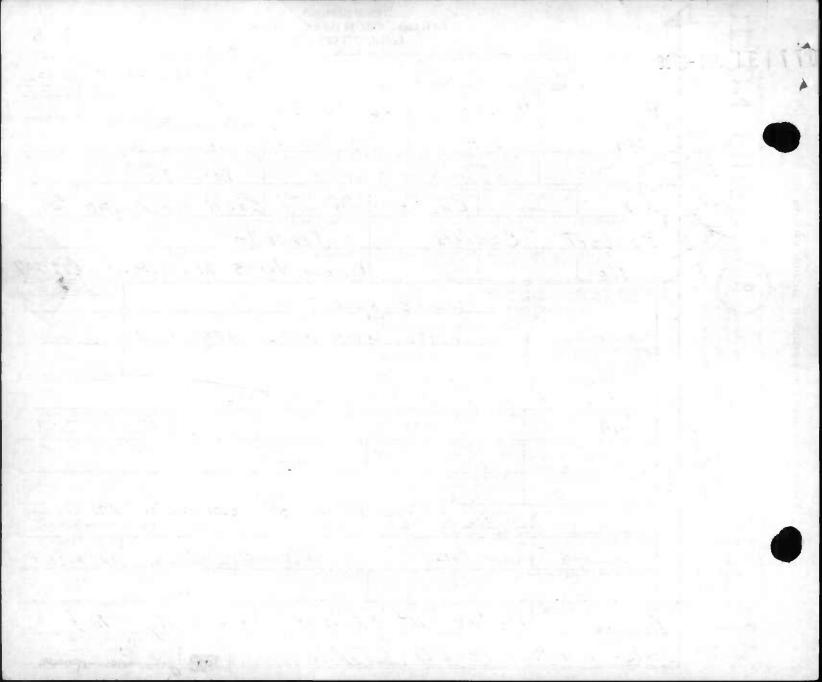
23. NAME OF CEMETERY OR CREMATORY

STATE

24 FUNERAL DIRECTOR
Locks Tunual Hor E 1264 PM.

25a. DATE REC'D.

JAIN



Not Known Marlene A. Gallagher 6404 Martinique Road APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? STATE \_, that (I) (we) lost and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED Mercy Medical Center, Baltimore Beada Hi 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) Baltimore Maryland STATE Burial 12-16-87 Oak Lawn 24 FUNERAL DIRECTOR Duda-Ruck Funeral Home of Dundalk 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/B1 (VRA 15, 4) 7922 Wise Ave. Dundalk, MD

STATE OF MARYLAND

2b. HOUR

1201 - 321310

injury, or ather troumatic event,

-18 shaws

MPORTANT: If them 21 is morked or Item

CERTIFICATION

MEDICAL

deoth

FOR - STATE REGISTRAR POECEASED NAME (TYPE OR PRINT)

Leuni

COUNTRY) 10. CITY OR TOWN OF DEATH

Maryland 4 FATHER'S NAME FIRST

(YES, NO OR UNKNOWN

To. BIRTHPLACE (STATE OR FOREIGN

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUT

WAS DECEASED EVER IN U.S. ARMED FORCE

18 CAUSE OF DEATH (Enter only one couse

PART 2 OTHER SIGNIFICANT CONDITIONS

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL

PART I. DEATH WAS CAUSED BY

Conditions, if any, which

gove rise to immediate couse (o), stoting

underlying couse

3. SEX

ElizaBetto

	· DEPARTM	STATE OF MARYLAND IENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 3 7 <sub>REG. NO.</sub> 3 4	4 3 7 8
FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DAY	20 1100K
12aBet		Bels	iz ic	C T T T T M
	Concacherin	5. DATE OF BIRTH	YRS.	UNDER 1 YEAR IF UNDER 24 HRS
	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED NOT	9. Baltimore City of County of Baltimore Cit	MD.
4	(IF NOT IN SUCH FACILITY, GIVE STREET A	un thosp	120. USUAL OCCUPATION (179F OF WORKFOR MOST OF WORKING LIFE) ROTE SEAMST PESS	L'écoptes.
136 COUNTY	er institution, give residence before a	nore 134 INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 600 E. Clement	Md.21230 St.Balto.
Matt	hew C.Wunder	15. MOTHER'S MAIDEN NAI	Bertha G.Bak	(er
IN U.S. ARMED		Company of the Compan	H.Bees, 20 Free	dd.21220 edom Ct.Balto.
ACCALICED BY	ne couse per line for (a), (b), and Y: AUSE (a) Caralla P			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  Summer Transport
which nediate g the lost.	DUE TO, OR AS A CONSEQUENT (b) DUE TO, OR AS A CONSEQUENT	NCE OF	×'n	10 minutes
IIFICANT CON	IDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVEN	IN PART 110
ION	196. CONDITION FOR WHICH (	OPERATION WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH?
CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA' P.M.		RED (ENTER NATURE OF INJURY IN ITEM 18 PART	OR PART 2]
RED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE

				TY LATE		
190 DATE OF OPERATION	1%. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
			YES NO	YES	NO 🗌	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM TB PART I OR PART 2		
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN COUNTY	STATE	
220.1 certify that (1) (this haspital) sow the deceased alive on obove, (1) (we) (did) (did not) vi	12-119 19 87 00	id that in (my) (our) opinion		19_322	, that (I) (we) lost he couses stated	
22b. SIGNATURE		DEGREE		22c DA	TE SIGNED	

WD

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS 3001

ATTENDING PHYSICIAN

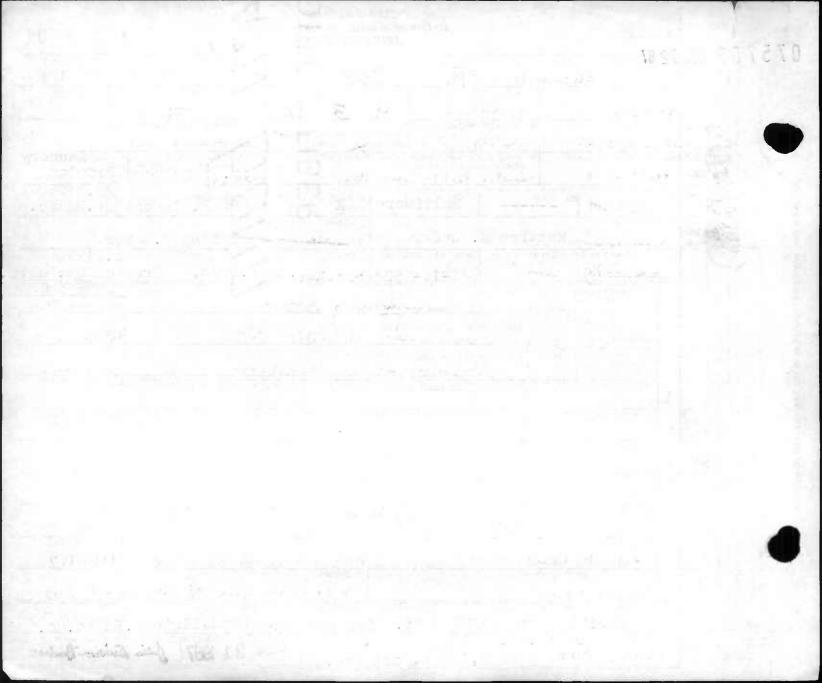
Buri 24 FUNERAL DIRECTOR Home. 130 E. Fort

23b. DATE

Randal Mt. Olive Cemetery Kandalls 100 Mt. Olive Cemetery Kandalls 100 Mt. 1250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S 25, 1 1987

MEDICAL STAFF
DIRECTOR PHYSICIAN

DHMH - 16 60M 7/84 (VRA 15, 4)



				STATE OF MARYLAND		
177 / 43 JAN	100	FOR STATE BEGISTRAR		MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	8 / REG. NO.	4 3 7 9
/. m.e		CEASED NAME FIRST	WIDDLE	LAST CAST	te bille of beilin	AY YEAR 2b. HOUR
d e o o	0.65	CHAR	LES P	BEKSINSKI		4 87 6:54 PM
rector p	3. SE	MALE	CAUCASTAN	5. DATE OF BIRTH MONTH DAY YEAR 10 15 16	7 / YRS. "	ONTHS DAYS HOURS MIN.
nerol du 72 hou	7a BI	COUNTRY!	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	OF DEATH  CITY MD.
os safter sy the fu fled with	30	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION TADDRESS) HOSPETAL	120 USUAL OCCUPATION  Lange OF WORK FOR MOST ON WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
ND 212 24 havr filled in k fold be in	USU, 130. S	AL RESIDENCE (IF NURSING JOME OR 136. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CUTY OR TOY	RE ADMISSION)	130 STREET ADDRESS / ZIP CODE	f. At. 2122
MARYLA ed within mpletely f and 2 sh examiner	14. FA	THER SNAME FIRST	MIDDLE Bekensk	15 MOTHER'S MAIDEN N.		mere
n and an medical		VAS DECEASED EVER IN U.S. AR. (15 YES, NO OR (15 YES, GIV		3226 PORMANT CO	ksinste 1208	Senseon St.
it., BALT		PART I. DEATH WAS CAUSE	lly one couse per line for (a), (b), or D BY: TE CAUSE (a) A CUT E	MYOCARDIN	AL INFARCTIO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NG PHYSICIAN: The law requires, that the death certificate be executed within 24 hours optending physician.  The law requires, that the death certificate be executed within 24 hours oftending physician.  The his certificate has been signed by the artending physician and campletely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the hand Mental Hygiene prior to burial, evention, or removal.  Only the medical examiner most be not any or other traumatic event, the medical examiner most be not as the most benefit and the		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b) ATH PARCE  DUE TO, OR AS A CONSEQUE  (c)	osclerative Corona	ury Vusculer Diseus	
ow require been significant. Then prior to but any injury.	TION			RIA IE		, WERE FINDINGS USED
TAI RECO	CERTIFICATION	19a DATE OF OPERATION		H OPERATION WAS PERFORMED	YES NOW YES	YING CAUSES OF DEATH?
DN OF VITAL TYSICIAN: The ding physicial secretificate burial-transit Mental Hygie		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR 19	IRRED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART   OR PART 2)
DIVISION DING PHYS ar ottending After this c e as the bur alth and Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE,	FARM ETC ) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
3 0 6		sow the deceased alive an	to ottended the deceased from,	12 123 19 8 3 87 , and that in (my) (our) opinion	7 to 12 24 n death occurred on the date and hour	ond from the couses stated
PITAL OR ATTEN by the hospital ERAL DIRECTOR e detached for u State Dept. of He		Paul A	· Tarantin	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12 24 87
TO HOSPITAL retained by the TO FUNERAL should be det with the State		PAUL A	. TARANTS		HOSPITAL BAL	
BP	23a B	BURJAL, CREMATION, REMOVAL	12-29-1957 H	NAME OF CEMETERY OR CREMATORY	en Cattomin	COUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	J.	NAME ONVEN	defor du GO?	Hollens St. JA	N 4 1988	PAR'S SIGNATURE

